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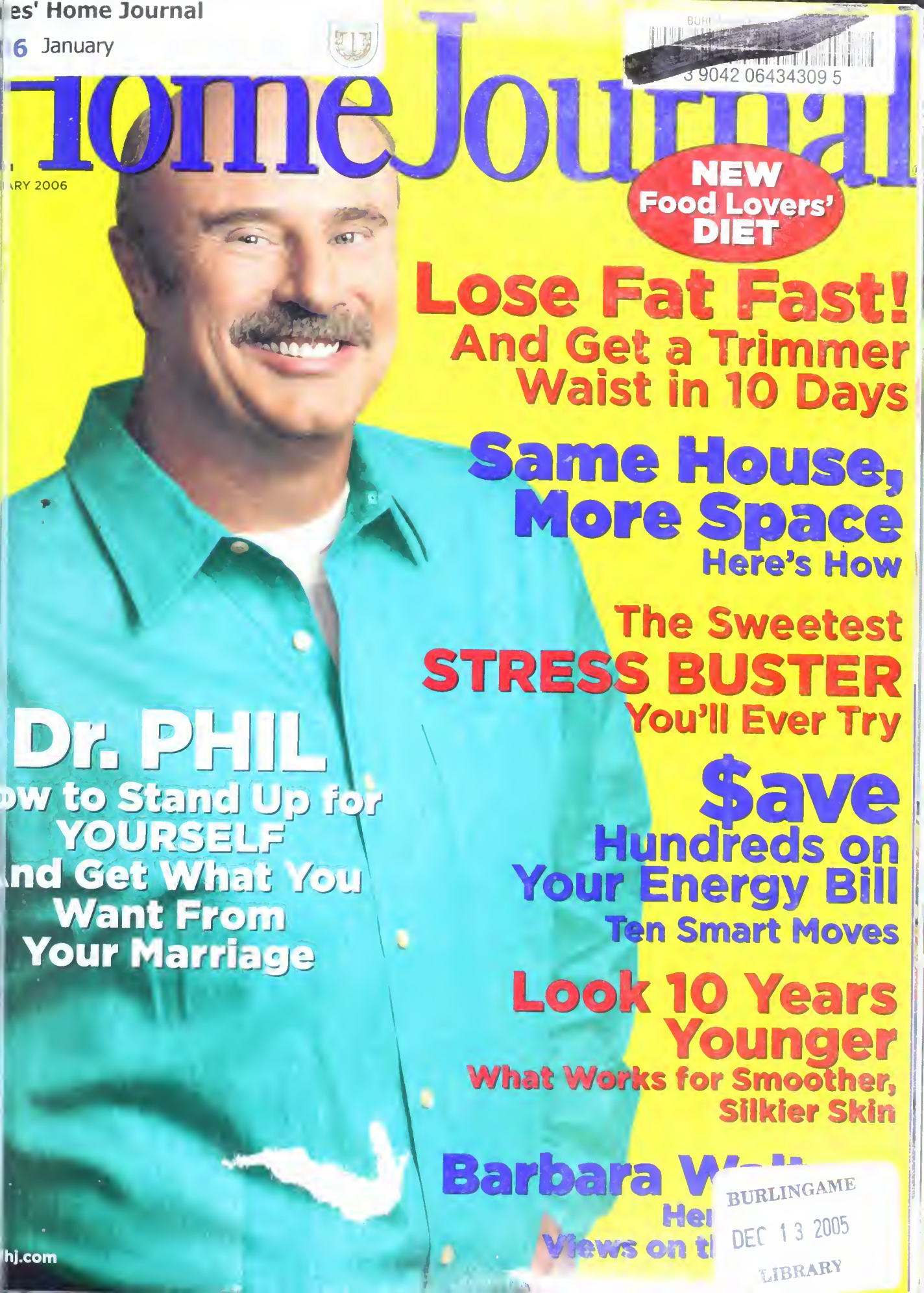
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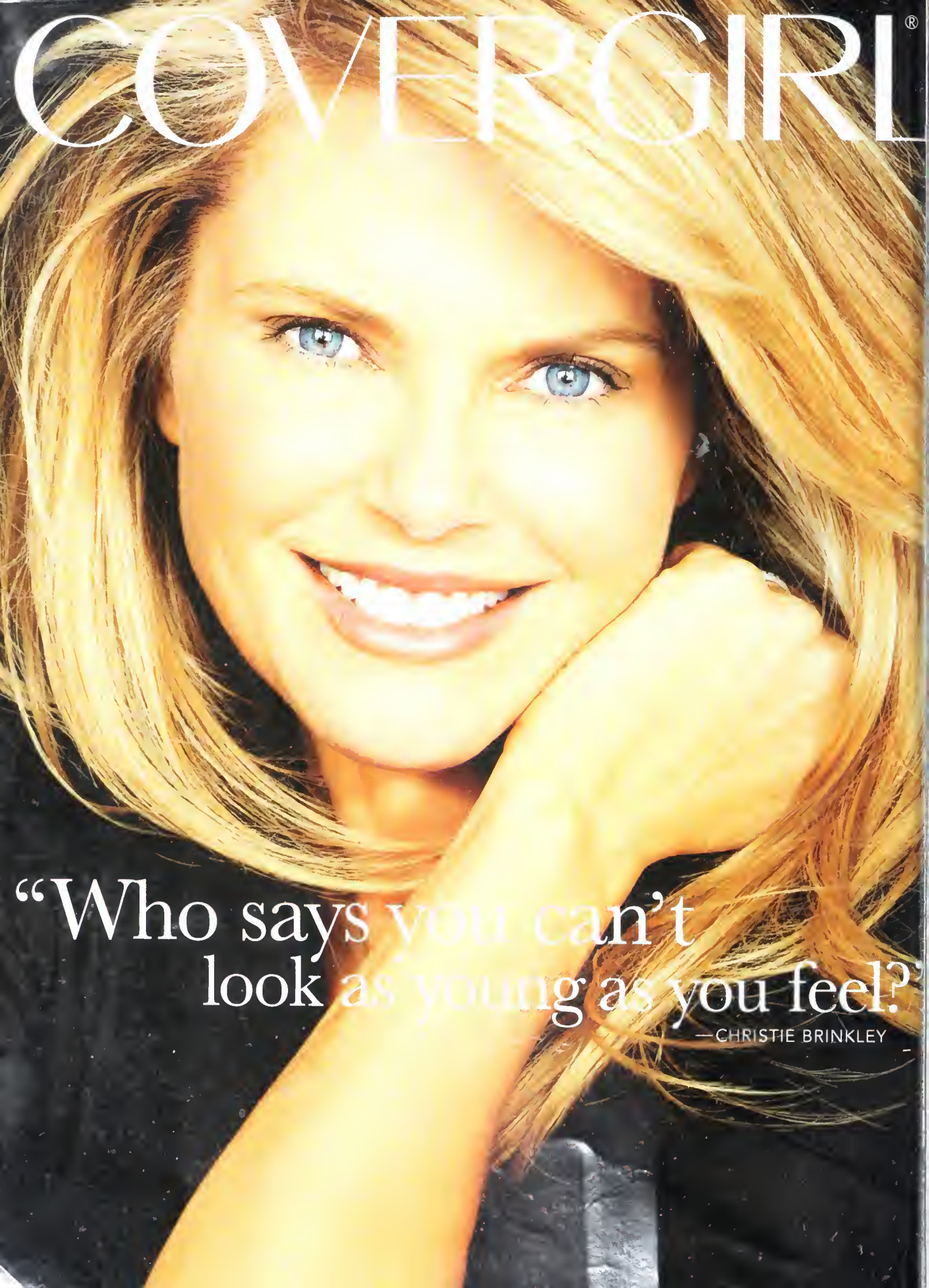
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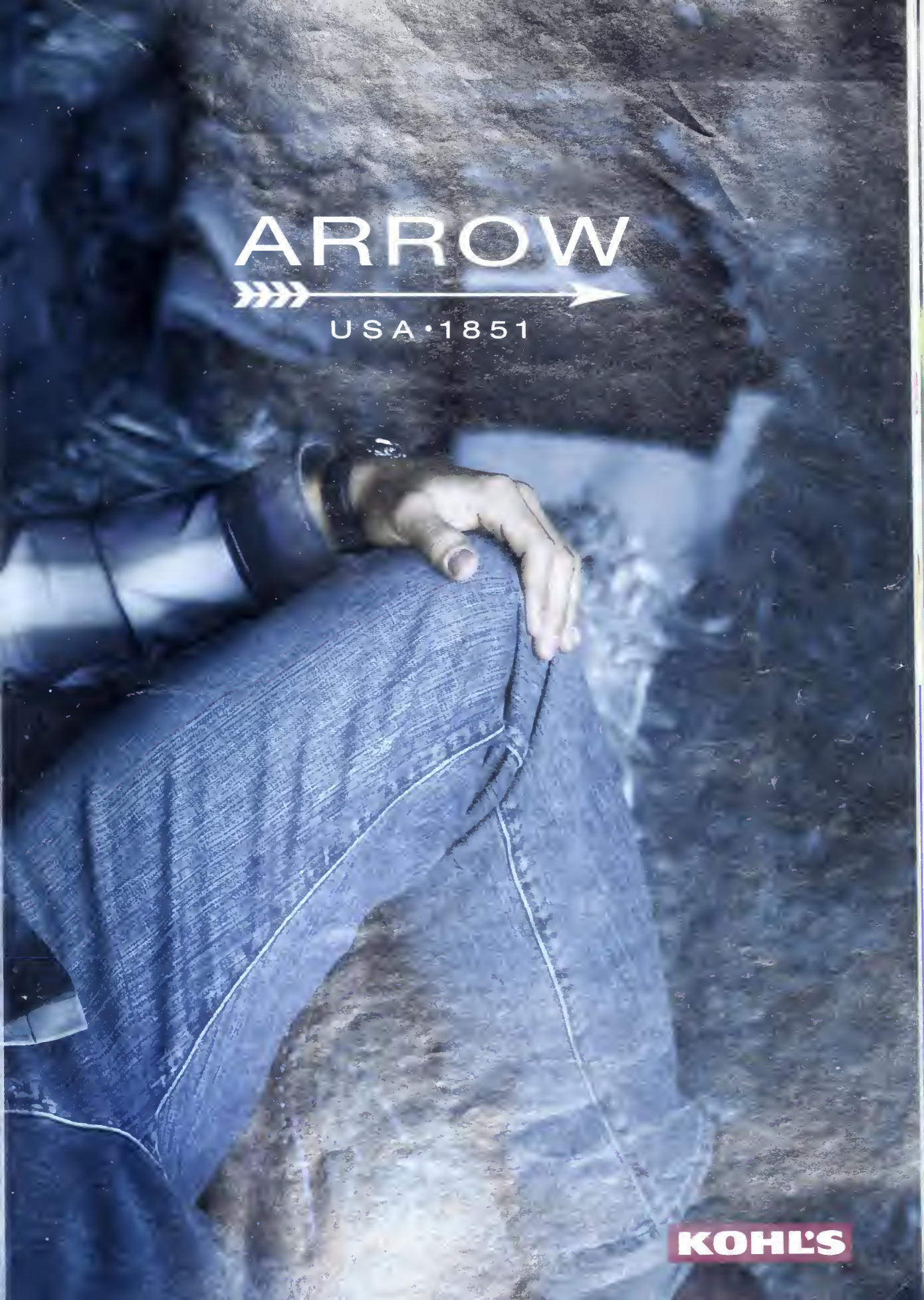

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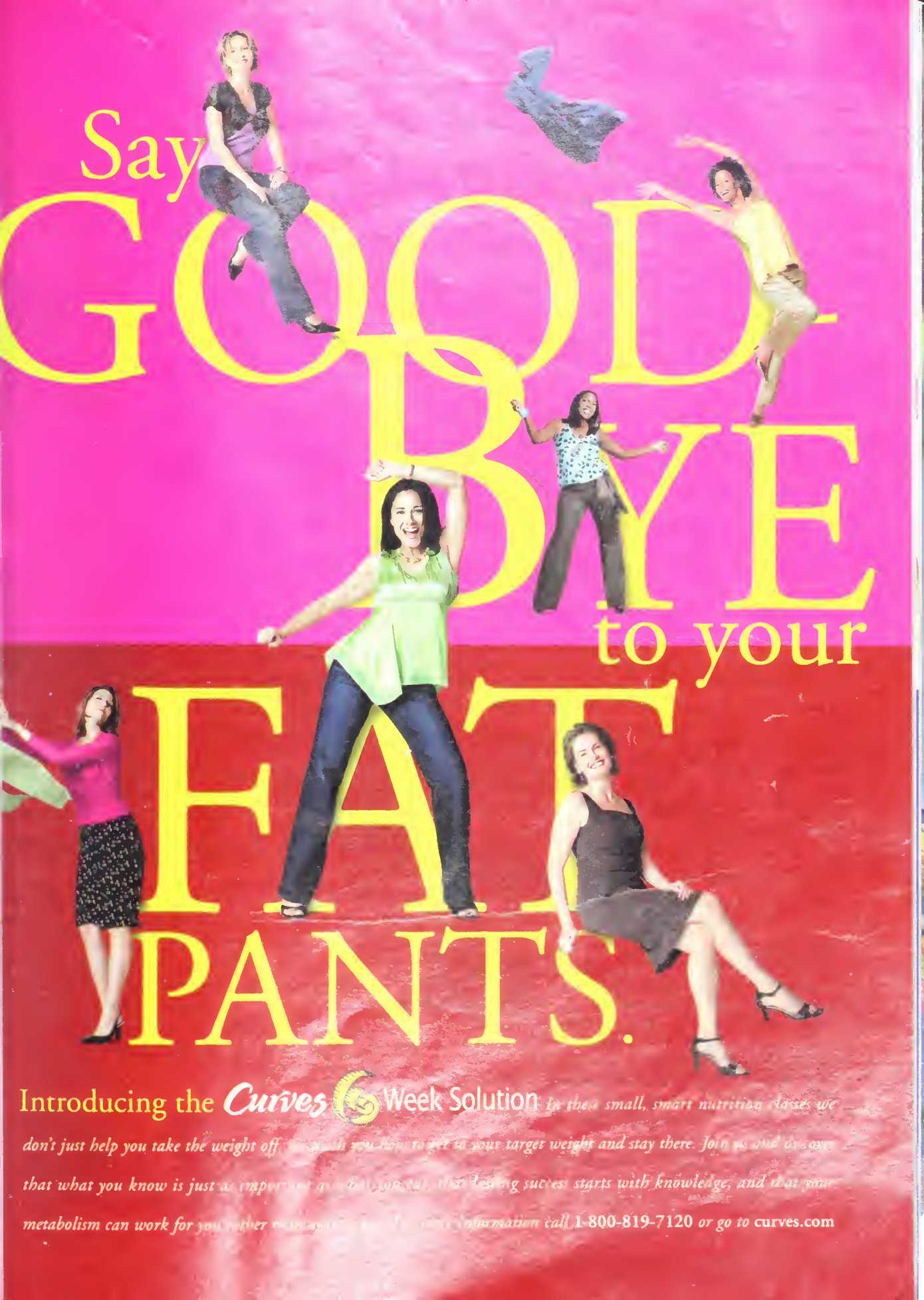
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In Memoriam — E.T. Meredith, III (1933-2003)

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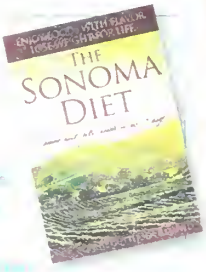
Clockwise from top left: Congressman Bart Gordon of Tennessee, sponsor of the ER bill; me at the mike; 4,000 ER doctors gathered in front of the U.S. Capitol; Dr. Peter M. DeBlieux, emergency medicine director of faculty and resident development at the Louisiana State University Health Sciences Center, in New Orleans; and me with Maura Tierney, star of NBC's *ER*

January is traditionally the month of making pledges for positive changes, and that's why now is a good moment to update you about our most recent health initiative.

You'll recall that in our October issue we reported on the dangerous problem of emergency rooms around the country becoming woefully overcrowded or closing because of insufficient funding at just the moment when the population is both swelling *and* aging. As a result, American families are not getting the quality care we deserve—and the quality care that ER doctors want to deliver.

That's why we partnered with the American College of Emergency Physicians at a rally in Washington, D.C., last September to call for support of the Access to Emergency Medical Services Act of 2005, introduced by Congressman Bart Gordon (D-Tenn.) and cosponsored by Congressman Pete Sessions (R-Texas). Four thousand ER doctors came from all 50 states, plus Puerto Rico, to speak out about this issue, which threatens the health and safety of every American who has needed—or might ever need—an emergency room. Many of the doctors gave speeches, and their passionate commitment to care and excellence was truly moving. Maura Tierney of NBC's hit show *ER* also lent her support and told a touching story about how her brother was saved in an ER 10 years ago after a massive head injury, and she rightly pointed out that ER closings today might well have spelled a tragic outcome had his accident happened now.

I thank those of you who have already sent in your petitions, but we need as many as we can gather! You can find the petition on page 170 in your October issue or on our Web site at *www.lhj.com/petition*. I will keep you posted on the progress we make together, doing whatever it takes to turn this bill into lifesaving law.





Diane Salvatore

Diane Salvatore, Editor-in-Chief
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ou can't change a man. Unless he's in diapers.

– Mary Bennett
Washington, DC

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Seize the Day

Find Your Own Joy

Why Gratitude Is Good for You

Why the Silent Treatment Hurts

The next time [illegible] your son [illegible] be tempted to [illegible] punishment. [illegible] partner [illegible] the silent treatment may seem [illegible] as a [illegible] ignoring someone activates the part of the brain that registers physical pain, so shutting [illegible] actually hurts him, says [illegible] Williams, Ph.D., professor of psychological sciences at Purdue University, in West Lafayette, Indiana.

As teens, boys are tacitly allowed to be violent, so they settle disputes by fighting. Girls, however, express anger indirectly by excluding or ignoring others. By adulthood, both genders rely on these tactics, which are subtler but just as damaging.

"Once in that cycle, it can be hard to start talking again," Dr. Williams says. He advises airing grievances—calmly, if possible. "But even raising your voice is better than acting as though the other person doesn't exist." —*Stephanie Emma Pfeffer*



A Fast Memory Fix

That word you need is right on the tip of your tongue, but it just won't come out of your mouth. When you're in this fix, stop straining your brain and start paying attention to your hands. Gesturing might help you recall words, according to new research from the University of Alberta, in Edmonton.

Researchers speculate that when you're experiencing a momentary memory block, physical movement may help you find an alternative pathway to the idea. "Sometimes the shape your hand takes helps you find the word," says researcher Elena Nicoladis, Ph.D., professor of psychology. If you're trying to recall the name of a certain bird, for instance, and you can't get it, move your hands like wings, and you may finally think *gull*. People may use such gestures unconsciously to remember words, but doing it deliberately can be just as effective. —*Kimberly Papa*

WHEN *NOT* TO GET YOUR HOPES UP

Despite what you've heard about the power of positive thinking, when you face a complex, prolonged problem, a cheery, never-say-die approach may actually hurt you, according to a new study.

When a situation is really difficult, a pessimist will conclude she can't win and walk away, researchers discovered. But an optimist will see hope where there is none—and keep on fighting, even if it's a lost cause. That taxes her immune system and drains her energy, leaving her fatigued and stressed-out, says Suzanne C. Segerstrom, Ph.D., associate professor of psychology at the University of Kentucky, in Lexington.

She advises staying alert to when you keep coming up against a brick wall. Heed your body: Recurring minor illnesses may mean it's time to resign yourself to reality. —*S.E.P.*

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When it comes to bad cholesterol–

Ask your doctor if lower is better.

etting high cholesterol down important.

octors know lowering high cholesterol is portant for everyone. But for some people, s even more important. In fact, a panel of edical experts recently proposed updated idelines suggesting many patients aim for even lower cholesterol goal than before.*

orking with your doctor key to helping you reach ur cholesterol goal.

after all you've tried—including diet d exercise—your doctor believes you ed to get your bad cholesterol even ver, ask whether CRESTOR might help.

m lower.

RESTOR may make the difference you need. fact, the 10-mg dose of CRESTOR, along h diet, can lower bad cholesterol by as much 52% (vs 7% with placebo). That means ur LDL-C—the bad cholesterol—could down about half. Your results may vary.

CRESTOR right for you?

at's another conversation you need to ve with your doctor. Your doctor will cide the best course of treatment for u after assessing your particular needs.

Get more information about CRESTOR.

To learn more about CRESTOR, or if you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help. Call 800-CRESTOR or visit CRESTOR.com.

Here is important safety information about CRESTOR you need to know.

CRESTOR is prescribed along with diet for lowering high cholesterol and has not been determined to prevent heart disease, heart attacks, or strokes. CRESTOR is not right for everyone, including women who are nursing, pregnant, or who may become pregnant, or anyone with liver problems. Your doctor will do blood tests before and during treatment with CRESTOR to monitor your liver function. Unexplained muscle pain and weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. The 40-mg dose of CRESTOR is only for patients who do not reach goal on 20 mg. Be sure to tell your doctor if you are taking any medications. Side effects occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea. They are usually mild and tend to go away.

If your doctor says,
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rosuvastatin calcium

reatment Panel (ATP) III, Update, 2004

read the important Product Information about CRESTOR on page and discuss it with your doctor.

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Please read this summary carefully and then ask your doctor about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you.
This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

BRIEF SUMMARY:

INDICATIONS AND USAGE

CONTRAINDICATIONS

Pregnancy and Lactation

WARNINGS Liver Enzymes

It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter.

Myopathy/Rhabdomyolysis Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class.

The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions.) The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, dehydration, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, or uncontrolled seizures). PRECAUTIONS General

Information for Patients

Laboratory Tests

Drug

Gemfibrozil

Endocrine Function

CNS Toxicity

Carcinogenesis, Mutagenesis, Impairment of Fertility

CRESTOR
rosuvastatin calcium

Pregnancy *Pregnancy Category X*

Nursing Mothers

Pediatric Use

Geriatric Use

ADVERSE REACTIONS

Clinical

Adverse Experiences Adverse experiences regardless of causality assessment reported in placebo-controlled clinical studies of rosuvastatin are shown in Table 1. The adverse events in these studies of up to 12 weeks duration occurred in ... of patients treated with rosuvastatin and 5% on placebo.

Table 1: Adverse Events in Placebo-Controlled Studies

	Rosuvastatin N=744	Placebo N=382
	9.0	7.6
	5.5	5.0
	3.4	2.9
	3.4	3.1
	3.4	3.1
	2.8	1.3
	2.7	2.6
Back pain	2.6	2.4
	2.3	1.8
	2.3	1.6
	2.2	2.1
	2.0	1.8

The following adverse events were reported regardless of causality assessment in ... patients treated with rosuvastatin in clinical studies. The events in *italics* occurred ... of these patients. **Body as a Whole**: *Abdominal pain accidental injury chest pain* ... pain pelvic pain and neck pain. **Cardiovascular System**: *Hypertension* angina pectoris ... vasodilatation and palpitation. **Digestive System**: *Constipation gastroenteritis* vomiting, ... rectal abdominal abscess and gastritis. **Endocrine** Diabetes mellitus. **Hemic and Lymphatic System**: Anemia and ecchymosis. **Metabolic and Nutritional Disorders**: *Peripheral edema*. **Musculoskeletal System**: *Arthritis arthralgia* and pathological fracture. **Nervous System**: *Dizziness insomnia hypertonia paresthesia depression* anxiety vertigo and neuralgia. **Respiratory System**: *Bronchitis cough increased* dyspnea pneumonia and asthma. **Skin and Appendages**: *Rash* and pruritus. **Laboratory Abnormalities** In the rosuvastatin clinical ... program dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin treated patients, predominantly in patients dosed above the recommended dose range ... 80 mg). However this finding was more frequent in patients taking rosuvastatin 40 mg, ... compared to lower doses of rosuvastatin or comparator statins, though it was generally transient ... was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests.) ... of laboratory values reported were elevated creatinine phosphokinase transaminases ... gamma glutamyl transpeptidase alkaline phosphatase bilirubin and thyroid ... Other adverse events reported less frequently than 1% in the rosuvastatin ... program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (e.g., face edema, thrombocytopenia, leukopenia, vesiculobullous ... urticaria and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy and rhabdomyolysis. **Postmarketing Experience** In addition to the events reported above, as with other drugs in this class, the following event has been reported during post-marketing experience with CRESTOR, regardless of causality assessment: ... cases of jaundice. **OVERDOSAGE** There is no specific treatment in the event of ... overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSAGE AND ADMINISTRATION** The patient should be placed on a standard ... cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during ... treatment. CRESTOR can be administered as a single dose at any time of day, with or without food. **Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredricksan Type IIa and IIb)** The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to ... goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once ... daily. However initiation of therapy with 5 mg once daily should be considered for patients ... requiring less aggressive LDL-C reductions who have predisposing factors for myopathy, and ... is noted below for special populations such as patients taking cyclosporine, Asian patients, ... patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, and Renal ... Insufficiency, and Drug Interactions). For patients with marked hypercholesterolemia (LDL-C ... 190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. After ... initiation of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks, and dosage adjusted accordingly. **The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR once daily (see WARNINGS, Myopathy/Rhabdomyolysis). When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and then titrated according to the patient's individualized goal of therapy. Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR ... is 20 mg in patients with homozygous FH. The maximum recommended daily dose ... of CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments ... (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be ... evaluated by pre-apheresis LDL-C levels. **Dosage in Asian Patients** Initiation of CRESTOR ... at 5 mg once daily should be considered for Asian patients. The potential for increased ... systemic exposures relative to Caucasians is relevant when considering escalation of dose in ... where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg once daily ... (see WARNINGS, Myopathy/Rhabdomyolysis, CLINICAL PHARMACOLOGY, Special Populations, ... Race, and PRECAUTIONS, General). **Dosage in Patients Taking Cyclosporine** In patients ... taking cyclosporine therapy, should be limited to CRESTOR 5 mg once daily (see WARNINGS, ... Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be enhanced ... when combined with a bile acid binding resin. If CRESTOR is used in combination with ... gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, ... Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency** No modification of dosage is necessary for patients with ... mild to moderate renal insufficiency. For patients with severe renal impairment (CL_{cr} <30 mL/min/1.73 m²) ... undergoing hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and ... titrated to 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special ... Populations, Efficiency).

NOTE This summary provides important information about CRESTOR. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

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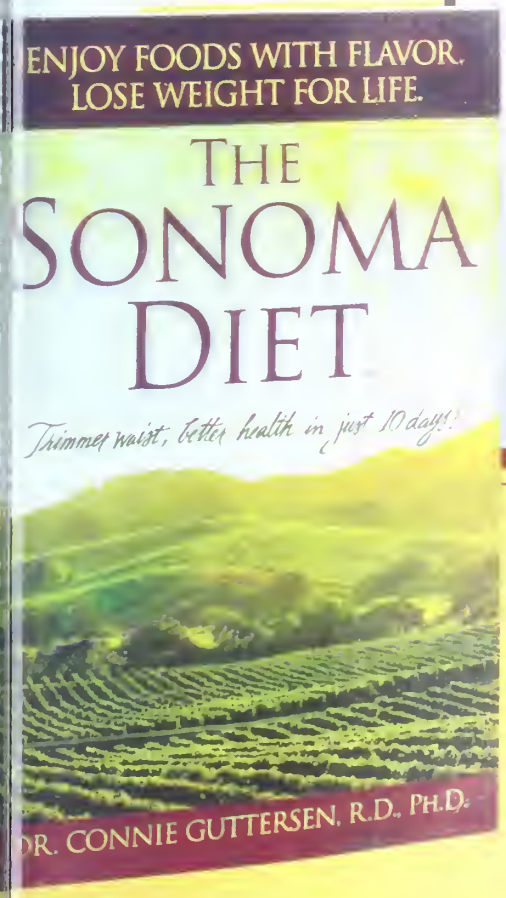
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From the forthcoming book *It's All in Your Head: Thinking Your Way to Happiness*,
by Stephen M. Pollan and Mark Levine. Copyright 2006 by Stephen M. Pollan and Mark Levine.
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Want to Be Happier? Start Here

Too many people believe their lives would be more satisfying, *if only*... But you have all the tools you need for more joy right now

Happiness is a state of mind, not a goal. The life you want is here, now, waiting for you to grab it. Too many of us spend our lives planning and hoping and dreaming about how wonderful our life would be . . . if only we got a promotion, met the right person or inherited some money. We say we'll be happy when we lose those stubborn 30 pounds or pay off our mortgage. The poet Philip Larkin wrote:

If I envy too eager for the future, we
Pick up bad habits of expectancy.
Something is always approaching; every day
Till then we say . . .

We act as if our happiness depends on other people or on fate or on forces beyond our control. As a result we fail to see how wonderful our life is right now today. Pin your hopes on the CONTINUED

BY SUZANNE POLIAN AND MARK LEVINE

future and you'll miss your chance. Of all the things we need to deal with in our lives, time can be the hardest to get a handle on. Obviously, the past is that which has already occurred. But that's both something that happened 30 years ago and something that happened 30 seconds ago. Your high school prom is in the past, but so is the sentence you've just completed reading. As for the future, clearly it's something that hasn't occurred yet. Your plans for dinner are in the future, but so is the next ice age.

What's amazing is that the present is this narrow shadow, this hair's breadth of time, yet it has the possibility of providing all the joy and contentment we need. That's because the present isn't so much a space in time as it is a state of mind. The mistake many people make is trying to live in the future. The present seems like a train, a total blur. The future seems to stretch out before us infinitely, giving us plenty of time in which to land new jobs, meet life mates or learn to play the piano. It's easy to believe your hopes and dreams and goals can all be fulfilled tomorrow.

But this is an illusion. It may look clear and inviting, but it never actually arrives. When you look to the future for your happiness, you guarantee you'll never be happy. Focus on the present. It's the experience of living, not remembering or hoping. Let's say you're sitting in a theater, watching a great movie or play, or you're in a concert hall, listening to a wonderful performance. You're not thinking of the drive home or what you'll eat for dinner. You're in the moment. Bring that approach to life and you'll achieve contentment. I'm not saying you shouldn't plan for tomorrow. Short and long-term planning is prudent. I [illegible] includes deciding when to start a family as much as calculating when to ask for a raise, or determining how much to save and invest for when you get older and your earned income drops. But there is a huge difference between planning for the future and living in it. You can't count on the future to provide or be the environment that offers you happiness or satisfaction you currently lack. That's a critical mistake.

While you're making plans to be happy in the future, things happen, good and bad. Life doesn't stand still just because you've made a mental calculation freezing it in place.

How do you stop living in the future? Realize the only thing you lack in the present is gratitude. I know, I'm sure there are things missing in your life. Maybe you're lonely or out of work or your child is ill. But you still have things to be grateful for. If nothing else, be grateful you're alive.

Focus on the present. Don't spend your time brooding over the past—or counting on the future to provide satisfaction

The people who seem most able to live in the present are those who have come face-to-face with their own mortality. Having come through a life threatening situation, they look on every subsequent day of life as a wonderful gift. That's what happened to me.

In 1978 I was a 48-year-old businessman. I had a lovely wife and four incredible children. We had recently moved into a new 12 room apartment in New York City. During the summer the whole family stayed at a house we'd built on Martha's Vineyard. Was I happy? No, because I was living in the future. Not only couldn't I stop and smell the roses, I couldn't stop and smell dinner on the table since I didn't get home until 10 P.M. I was smoking three packs of cigarettes a day and my only workout was bending my elbow.

As part of my unending climb up Mount Olympus, I took a job as the real estate specialist for an international bank headquartered on Wall Street. After a brief time on the job I started feeling under the weather. After a month of procrastination I finally went to see our family doctor, Dr. Dove. He heard my smoker's cough and listened to my labored breathing and immediately ordered a chest X-ray. Two days later, Dr. Dove called to say they found a troubling black spot on my lung. He gave me a tuberculosis test that came back negative but scheduled a follow-up X-ray. He set up consultations for me with cancer specialists and pushed for a biopsy on the spot.

While we were waiting for the biopsy results, my wife and I talked through all the obstacles we faced to keep the family afloat. There were mortgages, tuitions and medical bills. I thought I'd be out of work, perhaps forever, and we couldn't get by on my wife's secretarial job. Things looked grim, to put it mildly. CONTINUED


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Then Dr. Dove came into the hospital room and said, "Congratulations, you do have tuberculosis." At that moment, my life turned around.

I was given a reprieve. I felt that every day from that point on was a gift from God. When I was going over the list of material things I'd stand to lose, I realized I would have given them all up to spend another day with my wife and children. Now here I was, told I would have that day and many more to follow. That pivotal event made me stop living in the future. Now I'm grateful for everything I have and covet nothing other than more years with my family. I realized that what I lacked for those first 48 years of life was gratitude for what I already had. I didn't appreciate that every day is a priceless gift. I didn't understand that tomorrow was too late.

Going through experiences like these can help you move from living in the future to living in the present. But as much as I value the insight I gained, I don't recommend the process I went through to earn it. Thankfully, you can work toward the same awareness with a lot less pain. All you need do is take inventory.

Take out a journal and write on the top of the page: "Things for which I'm grateful." Start by writing, "I'm alive," and move on from there, filling as many pages as you need. Start by concentrating on those you love: family, friends and pets. Then move on to the places you love. The list could include special spots that have always brought you serenity, or it could consist solely of your home. You might write something like, "I'm grateful for our apartment overlooking the harbor." It might also consist of magical places you've visited.

Then [illegible] value. I know [illegible] material-ism, but let's be honest: There are things that give us joy. It could be your favorite chair, your new car or a cherished piece of jewelry. No one is going to read your list, so don't feel self-conscious.

I know it might feel a bit corny to sit there compiling lists of things for which you're grateful. But I think most of us have grown too cynical about our lives. We've stopped appreciating what we have. That's one of the reasons we tend to live in the future. Our culture has become fixated on improvements, whether to our home, our relationships or our bodies. Well, you have everything you need right now to be happy.

On the days when you're feeling down, turn back to the list you've compiled and reread it. Then, after a few minutes' reflection, add some new entries to the list. You'll find that whenever you spend time looking for reasons your life right now is good, you end up finding them.

Another way to make yourself feel better is to tell people you're grateful to have them in your life. This needn't be formal or part of a ritualized Thanksgiving. Instead, when an opportunity arises, just thank people for coming into your life. Let's say you're sitting at a coffee shop after work, sharing a good laugh with a friend. Just turn to her and say something like, "I have a great time with you. Thanks for being my friend." That's not so hard, is it? But believe me, such a little gesture will mean a lot to the other person and that will make you feel great, too.

The poet Alastair Reed wrote something so eloquent about the joys of childhood: "The principal difference between childhood and the stages of life into which it invariably dissolves is that as children we occupy a limitless present. The past has scarcely room to exist, since, if it means anything at all, it means only the previous day. Similarly, the future is in abeyance; we are not meant to do anything at all until we reach a suitable size. Correspondingly, the present is enormous, mainly because it is all there is. . . ."

Life shouldn't be something to be endured until the future arrives. Your present should be thrilling, exhilarating and inspiring. And it can be if you embrace it. My wish for you is that you're able to somehow get back to the joy you experienced as a child. As far as I can tell, we all only get one chance at this. We might as well enjoy ourselves while we're here. Sure, there's pain and sorrow. So don't defer the exhilaration and joy until some nonexistent tomorrow. Let yourself be happy now.

> Most of us have grown too cynical about our lives, and too fixated on making constant improvements in them

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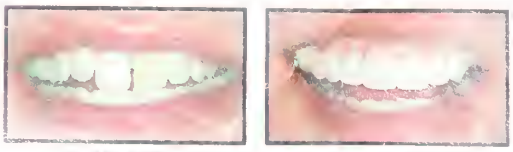
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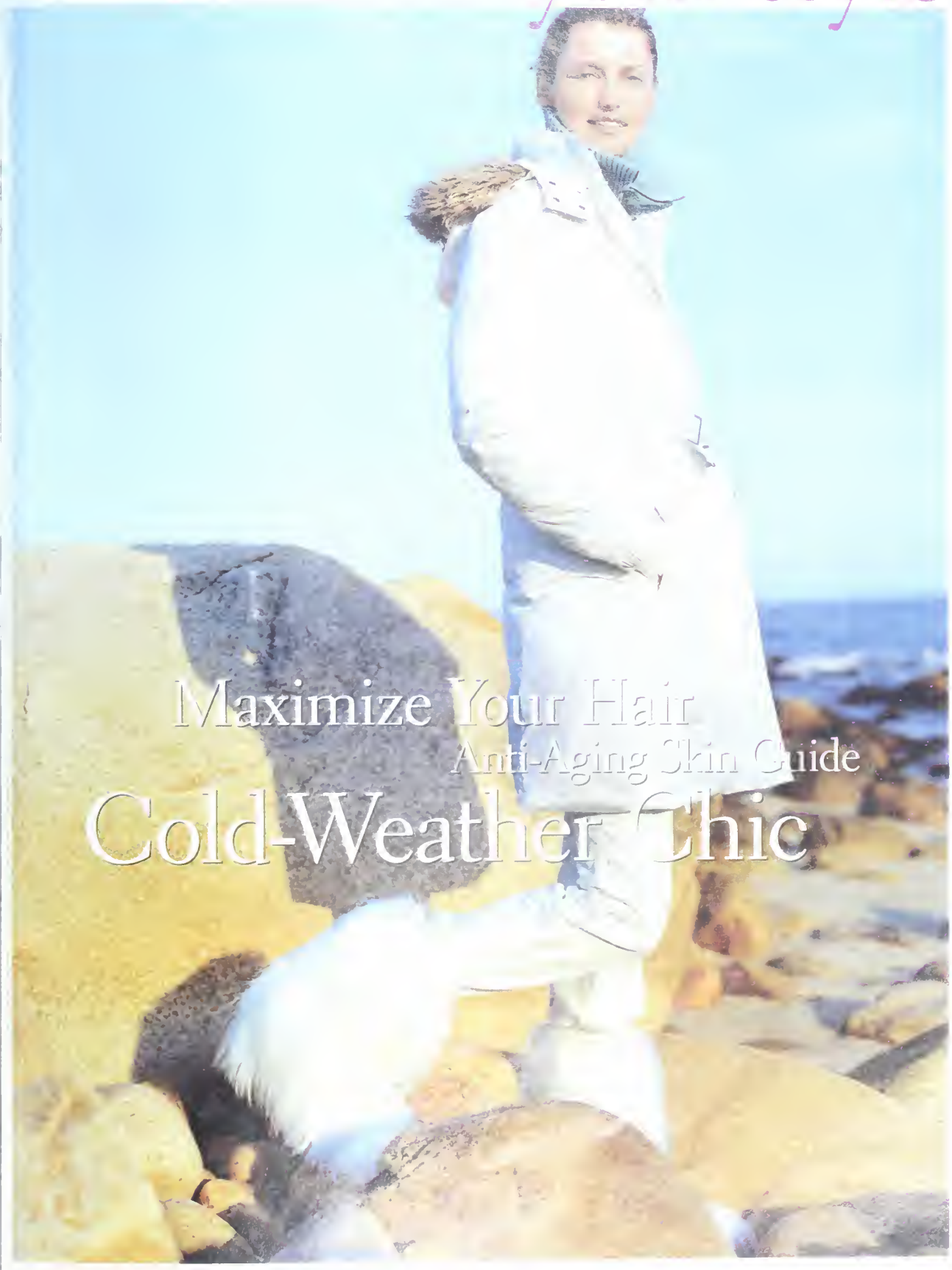
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SECRET WEAPON

A Triple-Duty Hair Spray

Traditionally, hair spray is the final product you reach for during your styling routine. But New York City hairstylist Alex Dizon showed us that Sebastian Laminates Hair Spray, $12.95, fulfills myriad other styling needs, too. While on photo shoots with such celebrities as Sienna Miller and Susan Sarandon Dizon uses this multitasker as a setting spray before heat styling, as a gel on damp hair and as a shine booster on dry hair. Plus, it won't flake off. Ready, set, spray!

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BEAUTY BARGAIN

Eye Candy

The next time your eyes need a little makeup magic, you'll want a Prestige Cosmetics iQuad Eyeshadow, $5.95. Sleek and portable (about the size of an iPod), each compact holds four powder shades in complementary light, medium and dark colors with sheer textures, as well as a mirror and two applicators. Brighten your eyes in an instant by sweeping a light shade along your lid up to the crease and then smudging a medium shade above your top lash line for soft, pretty definition. Or blend a darker shade around your entire eye for a subtle, smoky effect. The quality can't be beat, especially for the price.

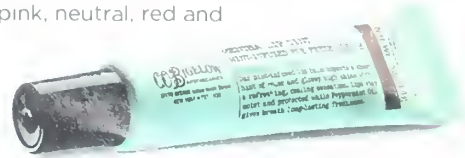


Beauty Director Patricia Reynoso

PATRICIA'S PICK

LIP COLOR THAT DELIVERS

I never would have imagined that lip balm—so quiet and unassuming—would rank as one of my favorite beauty products, but lo and behold, it now does. I do ask a lot from a balm, though. Obviously, it should instantly soothe chapped lips but also feel lightweight and be shiny enough so that, in a pinch, it can replace lipstick. My new favorite, Mentha Lip Tint from C.O. Bigelow, $7.50, meets all of those requirements and more. The peppermint oil in the formula makes my lips pleasantly tingly, while the four tints (pink, neutral, red and red brown) are pigmented enough to [illegible] my lips with a healthy flush. Available at C.O. Bigelow stores and at www.bigelowchemists.com.



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Dress Up Your Hair

Who needs a new cut when you can transform your look with these pretty, new hair accessories?



A Snazzy Updo

THE ACCESSORY: A barrette or clip covered with fabric, crystals or sequins. We like: Goody Feather Flower Salon Clip in Silver (on model), $3.99, and Renée Rivera Sequin Flower on Thin Tort Barrette, $35

HOW TO WEAR IT: Pull your hair into a ponytail and secure it with an elastic band. Next, wrap a second hair elastic around the ends and wind the tail around itself, pinning it with bobby pins. Finally, secure the clip on one side so that it will be seen in profile only. *Très chic!*



A Posh Pull-Back

THE ACCESSORY: A headband made with rich-looking fabrics such as velvet and satin. We like: Susan Daniels Gold Headband (above), $41.25, and Goody Wide Crinkled Headband, $3.99

HOW TO WEAR IT: Place the headband about 2 inches from the hairline and tilt it slightly forward, recommends Nathaniel Hawkins, celebrity stylist and spokesman for TRESemmé. Feel free to allow your bangs or a few pieces of hair to fall along your forehead.



Polished Ponytail

THE ACCESSORY: A hair elastic with a pretty ribbon, ornament or fine detailing. We like: Revlon Brooch Ponytailer (above), $9.99 for a three-piece set, and Balu Ponyholder with silver bow, $21.25

HOW TO WEAR IT: Secure your ponytail with an elastic band. Once your hair is in place, set with hair spray and wrap the elastic around your ponytail with the decorative piece, positioning the ornament on one side of the tail.

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softwash
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Color Her Beautiful



Trying a palette of new makeup shades can instantly brighten your face—just ask reader Karen Dennis

Karen Dennis, 38
Sales Associate,
Springboro, Ohio

Between working full-time and raising her daughters, ages 3 and 11, Karen hadn't found the time to update her look in more than 10 years. Our remedy? A trip to New York City's Robert Kree Salon for a makeup and hair refresher to lift Karen out of her style rut.

WIN IT!
Ten readers will win a Bobbi Brown Shimmer Brick in Bronze ($38). No purchase necessary. Void where prohibited. See page 139 for official rules and entry details.







POLISHED MAKEUP: "I'm ready for a change, but I need help experimenting with color," Karen told us. Accordingly, makeup artist Erica Faunt steered Karen away from the cool, frosty tones that she favors toward a more flattering palette of browns and apricots, which warmed her complexion and brightened up her hazel eyes.

- **Foundation:** A lightweight foundation (Smashbox Backdrop Cooling Tint, $28) evened out Karen's complexion.
- **Eyes:** A golden shade was applied over Karen's lids and a shimmery brown was blended in the creases (Bobbi Brown Shimmer Brick in Bronze, $38).
- **Lips:** Pretty peach lipstick (Benefit Lipstick in "I Think I Love You," $14) was the final touch.





EXTRA! ...ren felt that her salon-colored blond hair had become too yellow. Colorist David ... added soft wheat-toned highlights to make the color look more natural. Next, ...ty... Melissa Slater softened Karen's blunt layers and gave her thicker bangs. Now Karen ...es her color and says her hair is much easier to style.

LHJ.com **Want a beauty makeover? Visit www.lhj.com/makeover for more info**


Johnson's

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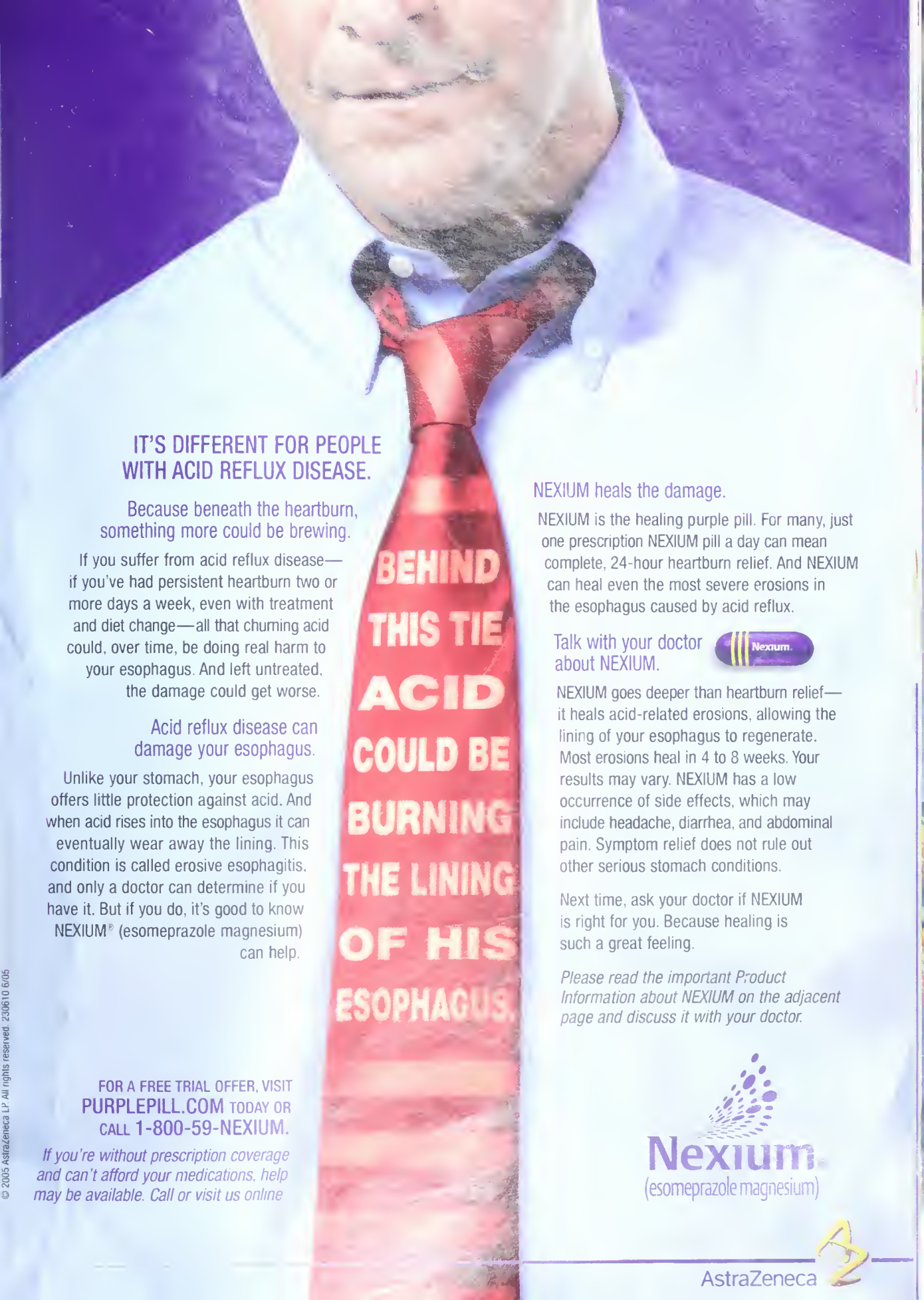
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NEXIUM® (esomeprazole magnesium)
20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM for short-term treatment 4 to 8 weeks in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis. Symptom resolution and healing of erosive esophagitis controlled studies do not extend beyond 6 months) and for the maintenance of healing of erosive esophagitis. For the treatment of GERD and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIONS** Hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted rarely. Concomitant administration of clopidogrel with omeprazole, of which NEXIUM is an enantiomer. **Information for Patients** Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficulty swallowing capsules, the capsule can be opened and the pellets mixed with applesauce. The applesauce should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should be used immediately and not stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabolized by CYP2C19 and CYP3A4. In vitro studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that omeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Important changes in prothrombin measures have been recorded among patients on concomitant warfarin and esomeprazole therapy. Increases in prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major omeprazole-metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in diazepam clearance. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma concentrations were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral esomeprazole 40 mg and ibuprofen 800 mg TID did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant administration of esomeprazole and other NSAIDs (e.g., naproxen or selective NSAID, or rofecoxib, a COX-2 selective NSAID) did not identify any clinically relevant interactions. Pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts, and some HIV protease inhibitors). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed in two 24-month rat carcinogenicity studies. In rats omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day for approximately 1, 2, 9 and 19 months, respectively, produced dose-dependent and duration-dependent increases in the incidence of gastric ECL cell carcinoids in a dose-related and female rats. The incidence of this effect was markedly higher in female rats which had higher blood levels of omeprazole. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, which included treatment for 2 years, esomeprazole 44.9 mg/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, the incidence of ECL cell carcinoids was increased in female rats. An increased incidence of treatment-related ECL cell hyperplasia was also observed in male rats treated for 1 year. By the second year the difference between treated and control rats was small. Chronic administration of omeprazole at 46 mg/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year produced enterochromaffin-like cell hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%) at 138 mg/kg/day (about 17 times the human dose on a body surface area basis) after 2 years. No similar tumor has been noted historically, but a finding involving only 1 animal is difficult to assess. A 26-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was inadequate to assess carcinogenicity. Esomeprazole magnesium was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test and in the human lymphocyte clastogenicity test. Esomeprazole however was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* mouse lymphoma thymidine kinase gene test and in the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. In female rats, oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects Pregnancy Category B* Teratology studies performed with esomeprazole at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. Esomeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced an increase in embryo-lethality at oral doses up to 138 mg/kg/day (about 17 times the human dose on a body surface area basis) in the rat. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human dose on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital anomalies in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** The excretion of esomeprazole in human milk has not been studied. However omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg omeprazole. Because esomeprazole is likely to be excreted in human milk because of the potential for serious adverse reactions in nursing infants from omeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in clinical studies, 1,598 patients were 65 years of age and older, and 354 patients were 75 years of age. No overall differences in safety and efficacy were observed between these patients and younger patients, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in 13,814 patients in clinical trials worldwide, including over 8,500 patients in the United States and over 6,500 patients in Europe, who received NEXIUM in short-term and long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term studies. The safety profile in patients with healing of erosive esophagitis was assessed in four randomized comparative clinical trials. A total of 2,46[illegible] patients on NEXIUM 40 mg and 3,008 patients on omeprazole 20 mg daily. The most frequent adverse events in these groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among groups). Nausea, abdominal pain, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Treatment-related adverse reactions reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system:

Body as a Whole [illegible] reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, generalized edema, leg edema, malaise, pain, rigors. *Cardiovascular* flushing, hypertension. *Endocrine* [illegible]. *Gastrointestinal* bowel irregularity, constipation, aggravated dyspepsia, dysphagia, dysplasia GI, epigastric pain, gastritis, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, [illegible] frequent, [illegible] gastrointestinal disease, tongue disorder, tongue edema, ulcerative stomatitis, vomiting. *Hearing* earache. *Hematologic* [illegible], lymphadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia. *Hepatic* [illegible], SGOT increased, SGPT increased. *Metabolic/Nutritional* glycosuria, hypercuricemia, hyponatremia, [illegible], vitamin B12 deficiency, weight increase, weight decrease. *Musculoskeletal* arthralgia, arthritis, aggravated [illegible]. *Nervous System/Psychiatric* anorexia, apathy, appetite increased, [illegible], dizziness, hyperkinesia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, [illegible], sleep disorder, somnolence, taste perversion, vertigo. *Reproductive* dysmenorrhea, menstrual disorder, vaginitis. *Respiratory* [illegible], pharyngitis, rhinitis, sinusitis. *Skin and Appendages* acne, angioedema, dermatitis, pruritus, rash, skin inflammation, sweating, increased, urticaria. *Special Senses* otitis media, parosmia, taste loss. *Urogenital* [illegible], cystitis, dysuria, fungal infection, hematuria, micturition frequency, monilia, urinary tract infection. *Visual* [illegible]. Endoscopic findings that were reported as adverse events include esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, and esophagitis. Clinical studies were conducted in 710 patients for the treatment of symptomatic GERD. Events that were reported as possibly or probably related to NEXIUM were diarrhea, headache, nausea, and vomiting. Postmarketing Reports. There have been spontaneous reports of adverse events with the use of NEXIUM, including rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, including toxic epidermal necrolysis and erythema multiforme, and pancreatitis. Rarely, hepatitis with or without jaundice has been reported with NEXIUM, but occurring with omeprazole can be found in the omeprazole package insert. **ADVERSE REACTIONS** **OVERDOSAGE** Administration of esomeprazole at 510 mg/kg (about 103 times the human dose on a body surface area basis) produced signs of acute toxicity, were reduced motor activity, changes in respiratory frequency, and lethargy. There are limited reports of overdosage with esomeprazole. Reports have been received of ingestion of 2.40 mg (120 times the usual recommended clinical dose). Manifestations were consistent with the known safety profile of esomeprazole. Symptoms were nausea, diaphoresis, flushing, headache, dry mouth and somnolence. See omeprazole package insert. **ADVERSE REACTIONS** No specific antidote is known. Esomeprazole is extensively protein bound and is not expected to be removed by dialysis. In the event of overdosage, as with the management of any overdose, the possibility of multiple drug ingestion should be considered. Contact a certified Regional Poison Control Center should be contacted for up-to-date information on the management of overdosage. In addition, contact a telephone number for current information on the treatment of overdosage, such as the PDR. **DOSAGE AND ADMINISTRATION** Please see dosage and dosage adjustments for **Special Populations** for NEXIUM.

NEXIUM is a registered trademark of the AstraZeneca group of companies.



IT'S DIFFERENT FOR PEOPLE WITH ACID REFLUX DISEASE.

Because beneath the heartburn, something more could be brewing.

If you suffer from acid reflux disease—if you've had persistent heartburn two or more days a week, even with treatment and diet change—all that churning acid could, over time, be doing real harm to your esophagus. And left untreated, the damage could get worse.

Acid reflux disease can damage your esophagus.

Unlike your stomach, your esophagus offers little protection against acid. And when acid rises into the esophagus it can eventually wear away the lining. This condition is called erosive esophagitis, and only a doctor can determine if you have it. But if you do, it's good to know NEXIUM® (esomeprazole magnesium) can help.

NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just one prescription NEXIUM pill a day can mean complete, 24-hour heartburn relief. And NEXIUM can heal even the most severe erosions in the esophagus caused by acid reflux.

Talk with your doctor about NEXIUM.

NEXIUM goes deeper than heartburn relief—it heals acid-related erosions, allowing the lining of your esophagus to regenerate. Most erosions heal in 4 to 8 weeks. Your results may vary. NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Next time, ask your doctor if NEXIUM is right for you. Because healing is such a great feeling.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

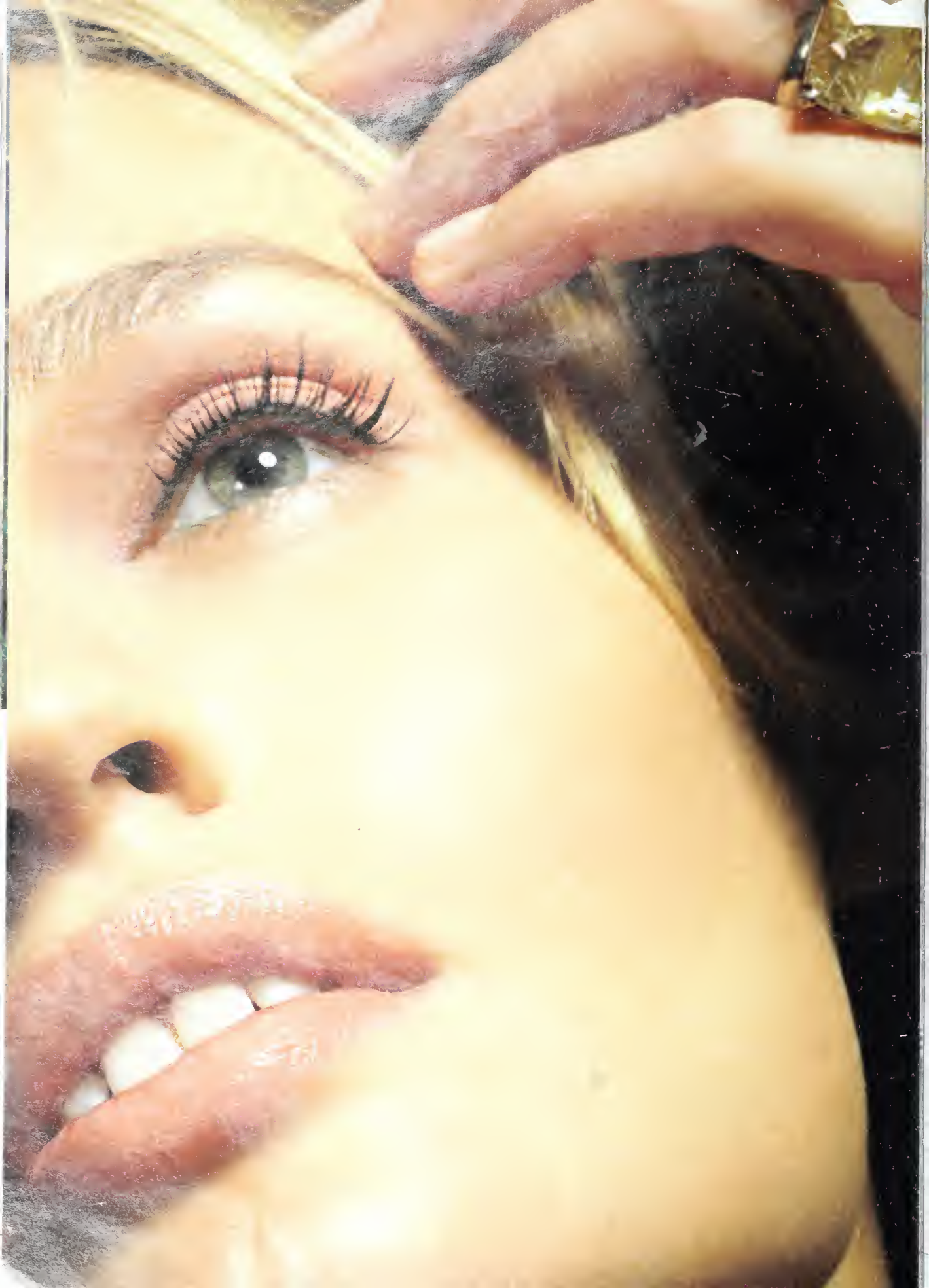
FOR A FREE TRIAL OFFER, VISIT PURPLEPILL.COM TODAY OR CALL 1-800-59-NEXIUM.

If you're without prescription coverage and can't afford your medications, help may be available. Call or visit us online

Nexium®
(esomeprazole magnesium)

AstraZeneca

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TURN BACK TIME

Keep your skin looking its youngest and most beautiful best with these new antiaging products

We can see it, touch it and feel its every tingle. In fact, our skin is such a part of us that it's easy to forget that it's the largest organ in our body and its top job is literally to protect us from harm. Yet, like every other organ, the passage of time affects the skin's basic functioning, which in turn affects its appearance (yes, that little thing called aging).

For instance, in our childhood, our skin quickly recovers from bumps and bruises and keeps itself sufficiently hydrated. Throughout our teenage years and even into our late 20s, we may contend with acne, but our skin tends to be smooth, firm and wrinkle-free, all thanks to abundant levels of collagen and elastin. As we enter our 30s, however, our skin's natural defense mechanisms start to break down, making it more vulnerable to routine stresses—sunlight, pollution, emotional strain and occasional sleeplessness. These stressors manifest themselves in the appearance of fine lines and a rougher texture on our cheeks and forehead. Years of facial expressions, meanwhile, also contribute to wrinkling; think of it as a piece of paper that is constantly folded and unfolded. After a while those creases tend to stick. Finally—and perhaps most significantly, because we can control this—unhealthy habits, such as smoking and not using sun protection, also affect our skin's functioning. The final factor? Genetics, which plays a starring role in how we will age—so take a look at Mom or even Grandma for a peek into your skincare future.

Now for the good news: Experts agree that the last five years have brought huge advances in antiaging skin care technology. What that means for you is a younger-looking, healthier, more radiant complexion than you had ever dreamed possible. Come on, it's time to reclaim your skin!

CONTINUED

1. Olay Regenerist Targeted Tone Enhancer, $18.99, fades brown spots. 2. MD Skincare Hydra-Pure Intense Moisture Cream, $120, hydrates with hyaluronic acid. 3. Estée Lauder Resilience Lift Extreme Ultra Firming Lotion SPF 15, $70, boosts collagen with triterpenes. 4. Dr. Andrew Weil for Origins Plantidote Mega-Mushroom Face Serum, $65, clarifies with argan nut oil. 5. Prevage Anti-Aging Treatment, $150, protects with idebenone, a powerful antioxidant. 6. Clinique Turnaround 15-Minute Facial, $34.50, exfoliates with salicylic acid.



PHOTOGRAPHED BY [illegible]

TARGET: Cheeks and Forehead

Whether they are just cropping up now or have been around for a while, wrinkles are primarily a result of decreased collagen and elastin, the protein fibers that keep our skin smooth and firm. As we age, we produce less and less of these precious fibers, and our supply is further compromised by exposure to the sun's ultraviolet rays. Also, our skin's ability to rebuild and protect itself diminishes over time. Mix in a lifetime of smiles, grimaces and every other emotion, and it's easy to see why wrinkles are hard to smooth away.

Skin Saver: It's simple: To fight wrinkles, use sunscreen—experts are unanimous on this point! Many skin-care products, including foundations, have an SPF of at least 15, so this really isn't as time-consuming as it sounds (although SPF 30 is actually seen as de rigueur by many skin experts). Also, it's important to upgrade to a moisturizer formulated with collagen boosting ingredients.

Skin dulls and roughens because it doesn't shed as quickly as it used to—another result of aging. Prolonged exposure to sunlight, meanwhile, causes additional uneven pigmentation.

Skin Saver First, remove that rough layer with an acid-based exfoliant; glycolic acid is still one of the best choices and found in many skin-care products. Second, make sure to include in your routine an antioxidant-rich product that will help zap away free radicals, those annoying, age-promoting particles. Finally, lighten brown spots with skin brighteners.

Tight skin looks dry and feels uncomfortable. The culprit: the skin's diminished ability to hold and retain moisture, both from outside and within. Nearly every skin type becomes more dehydrated as it ages—even oily complexions.

Skin Saver: A gentle cleanser will help preserve your skin's moisture levels. Also, look for hydrating serums that are chock-full of humectants and emollients. Rich, creamy moisturizers, meanwhile, are great for extremely dry skin types.

ANTIAGING BEAUTY TIP:

Lana Harkavy, celebrity makeup artist and founder of Il Makiage makeup, suggests ditching heavy foundation and using a tinted moisturizer instead. Top it with bronzer and peach blush for a more youthful look.

TARGET: Lips

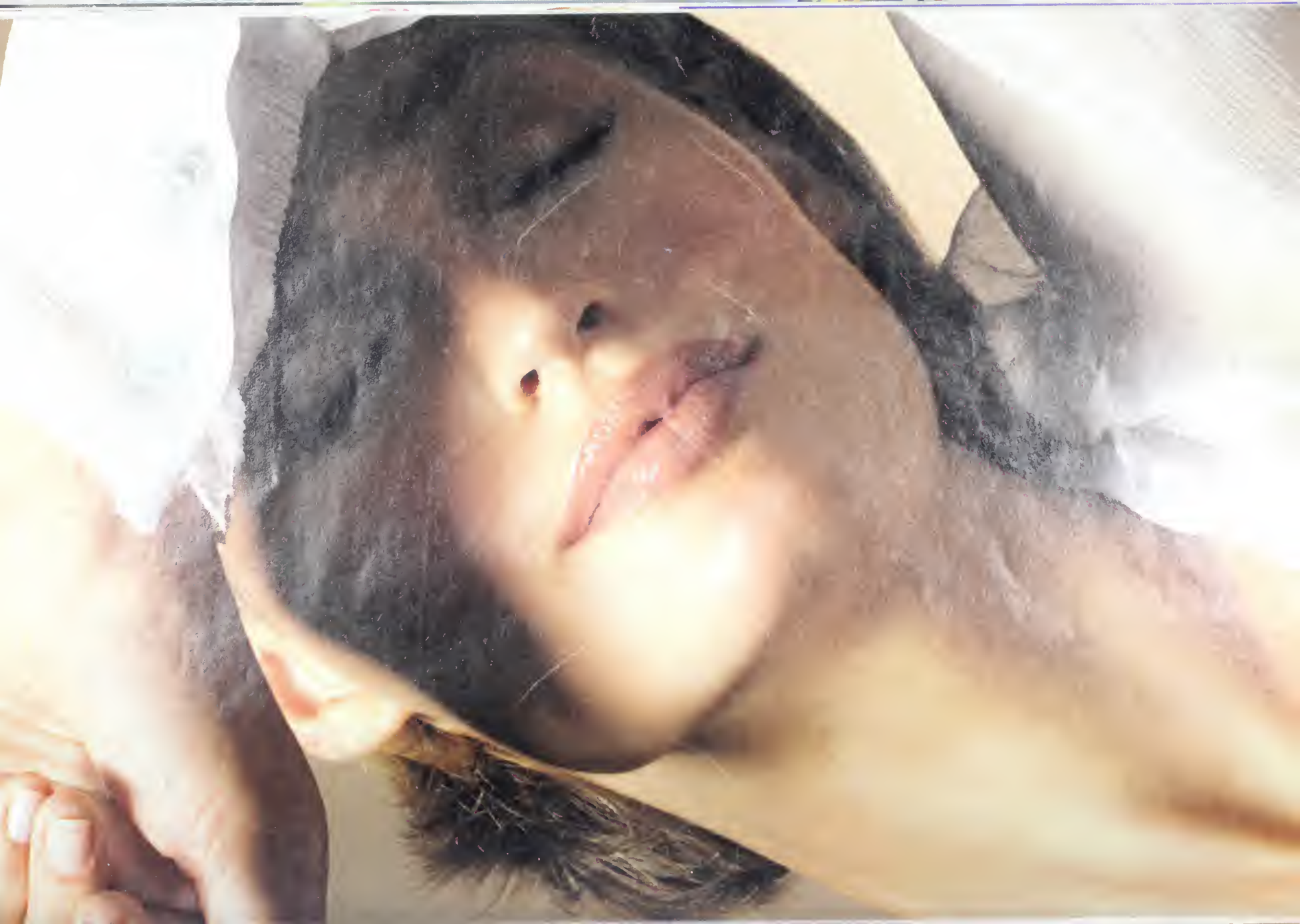
Like the skin on your face, the skin around your lips suffers from the loss of collagen and elastin. Unlike

CONTINUED

LIP LOGIC

1. Z. Bigatti Re-Storation Lip Pout Lip Treatment Cream, $55, hydrates and increases lip volume. Wait 30 seconds before applying lip color. 2. E.I. Solutions Lip Refine, $32, exfoliates fine lines with a cocktail of natural acids and protects with vitamins A, C and E. Use at night. 3. Modèle Collagen Lip Treatment, $29.99, targets wrinkles and stimulates collagen with an amino-acid complex. Apply to bare lips three times a day. 4. Dermalogica Multivitamin Power Firm for Eye and Lip Area, $46, firms delicate skin with seaweed extract and vitamins A, C and E. With its healing silicone base, it glides right over the skin under the eyes and on the lips.







the rest of your face, however, the skin over the lips is very thin and fragile and therefore even more vulnerable to losing volume. As a result, you might start to see tiny lines appear around the border of your lips. If you smoke, the wrinkles will be more pronounced, as the constant puckering contributes to lines developing even faster.
Skin Saver: Look for lip creams that contain collagen-boosting ingredients (peptides are the most common). Also, volumizing products can deliver results after just a few weeks.

ANTIAGING BEAUTY TIP:
Go darker! Rich lipstick shades in the berry family, for example, make your lips look fuller than neutral tones, Harkavi says

TARGET: Eyes

You've probably heard that most women show their age around their eyes, and this is true for several reasons. "You can actually see how thin-skinned this area is," says Diana Howard, Ph.D., of the International Dermal Institute, based in Carson, California. "These muscles also move constantly, which contributes to wrinkling. The limited number of oil glands in this area makes wrinkles more prominent, too."
Skin Saver: The same antiaging ingredients for your face can work wonders around your eyes, as well. Just be sure to use products specially formulated to avoid irritation.

Although genes do play a role in whether you'll inherit dark circles, aging definitely accentuates them. Lifestyle plays a role, too. Excessive stress, for instance, darkens the blood that flows in that area, making eyes appear even more shadowy.
Skin Saver: Age related darkening can be overcome with eye creams that thicken the skin, making the circles less visible.

Puffy eyes are typically a result of water buildup, but they're also brought on by aging, as the fat pads under our eyes start to change shape.
Skin Saver: Reach for gel-based eye products, which don't trap moisture like a heavy cream. Also, look for ingredients that are full of soothing antioxidants, such as green-tea extract.

ANTIAGING BEAUTY TIP

1. Lumene Vitamin+ Radiant C-Energy Eye Intensive Renewing Eye Serum, $15.99, helps lighten dark circles. 2. Murad Moisture Silk Eye Gel, $42, hydrates and reduces puffiness. 3. Boots No7 Time Resisting Day & Night Eye Care, $21.99, offers a de-puffing gel for day and a richer cream for night. 4. Patricia Wexler M.D. Dermatology De-Puff Eye Gel, $29.50, deflates under-eye bags while firming the eye area. 5. Erno Laszlo Antioxidant Complex for Eyes, $48, has protective antioxidants and skin-lighten marine extracts. 6. Grassroots Bright Future Skin Brightening Eye Cream, $18, conceals dark shadows while extracts firm and tone skin.



Where to Find It, page 138



THE BIG CHILL

Bundle up in winter's warmest wares by donning these no-chill, all-chic styles in shearling, nubby knit, faux fur and more

PHOTOGRAPHED BY BILL MILES
WRITTEN AND STYLED BY CARLA ENGLER







Stand out by dressing so beautifully in a marled-patterned greige shawl-lay jacket, honey-warm heathered cable crewneck sweater, and blanket plaid wrist-length jacket, DKNY Jeans, $98. Sweater and scarf, Jones New York Signature, $79. Skirt, Lauren by Ralph Lauren, $159. Boots, Hogan, $55.

WEATHER-WISE TIP: Layering is key to winterproof dressing. Mixing in pieces of real outdoor-tested winter sports clothing—such as wearing silky underwear leggings or donning a thin quilted vest under your coat—is smart and in style. Keeping feet warm and dry is half the cold-weather battle, too, and luckily, flat, lined water-resistant boots are part of the season's sure-footed message.



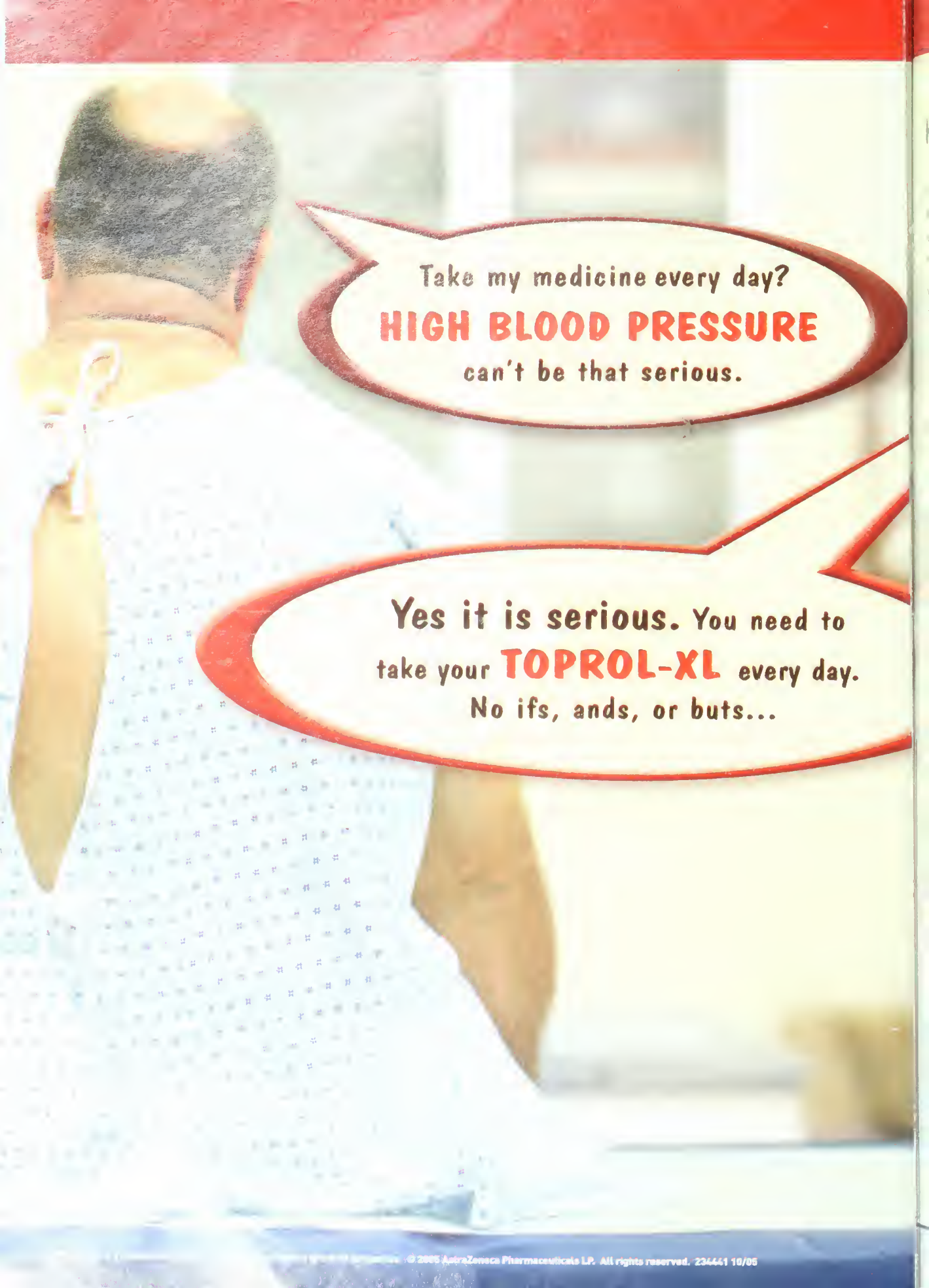
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Opposite page: Fur—whether real or faux—is a fabulous way to add warmth, softness and a touch of luxe. Pile on layers of neutral knits and top it all off in this luscious knitted rabbit-fur shawl. Faux fur–lined vest, $98, and sweater, $68, both Eddie Bauer. Turtleneck, Liz Claiborne, $39. Wrap, Tryst. Belt, Fossil, $36.

This page: Add faux fur in unexpected places—like the lining of a classic denim jacket—to feel snug and warm. Mix it with a chunky sweater, loose corduroy skirt and soft suede boots for casual comfort. Left: Jacket, DKNY Jeans, $98. Sweater, MICHAEL Michael Kors, $89. Skirt, Esprit, $79. Belt, Fossil, $28. Gloves, Fownes, $30. Boots, Fornarina, $150. For a flattering fur look, try a faux-fox vest. It will add warmth without weighing you down. Add a long knit coat and skinny stretch jeans for a lean line. Right: Vest, Ann Taylor Loft, $99. Sweater, Ann Taylor, $118. Coat, United Colors of Benetton, $189. Jeans, DKNY Jeans, $58. Sunglasses, Arnette, $119. Boots, Merrell, $140. Bag, Kenneth Cole.

BEAUTY BONUS: An anti-frizz smoothing serum such as Sunsilk, $5.99, keeps hair smooth and conditioned with shine-boosting aloe and strengthening horsetail extracts.



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high blood pressure matters more than you know.

It's always with you, even on those days you seem to feel okay. And high blood pressure can make your heart work harder than it should. That's why it's such a big deal—just ask your doctor.

You need to exercise, eat healthy, and take your TOPROL-XL—not just most days, but every day.

As long as you keep taking it, TOPROL-XL works to help you manage your blood pressure—throughout the day. And yes, that means every day.

Important information you should know about TOPROL-XL (by prescription only)

TOPROL-XL is used to treat high blood pressure. It's good to know the medicine you're taking, so talk to your doctor about high blood pressure and TOPROL-XL.

TOPROL-XL is not right for everyone, especially people who have the following health conditions.

- Extreme slowing of the heart rate (severe bradycardia)
- Sudden and severe drop in the blood pressure and blood flow through the body because the heart is not pumping normally (cardiogenic shock)
- Uncontrolled heart failure
- Slowdown of the heart's electrical signal causing a slower heart rate (specifically, second- or third-degree heart block)
- Damage to the heart's natural pacemaker that affects the heart's rhythm (unless a pacemaker device is in the body) (sick sinus syndrome)
- Any allergies to TOPROL-XL or its ingredients

It is important to take your medications every day as directed by your doctor.

Patients should not stop taking TOPROL-XL suddenly because of the possibility of serious side effects, such as chest pain or a heart attack. If your doctor decides you should stop taking TOPROL-XL, your doctor or health care provider may instruct you to slowly reduce your dose over a period of time before stopping it completely.

In some patients, TOPROL-XL should be used with caution: Those with asthma or asthma-like lung disease; taking certain calcium channel blockers; have diabetes; overactive thyroid disease; hardening or constriction of the arteries in the arms or legs; or those planning to have surgery.

Until you know how you will react to TOPROL-XL, avoid activities that require alertness.

The most common side effects reported by patients in clinical trials were tiredness, dizziness, depression, diarrhea, itching or rash, shortness of breath, and slow heart rate. If you experience any of these or other side effects, contact your doctor.

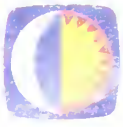
Need answers? Contact AstraZeneca

Visit TOPROL-XL.com/ad or call 877-564-6442

- Find more information on TOPROL-XL
- Join Heart Horizons, a free support program with helpful tips, special offers, and information for people who take TOPROL-XL
- Learn how we may be able to help if you do not have prescription coverage and cannot afford your medicines

Please see adjacent page for a brief summary of full Prescribing Information.

TAKE IT. SERIOUSLY.



TOPROL-XL

(metoprolol succinate)
extended-release tablets

AstraZeneca

This se[illegible]mary carefully and then ask your doctor about TOPROL-XL. Do not stop treatment without first talking with your doctor. No advertisement can provide all the information needed to [illegible]rmine [illegible] right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

ONCE-A-DAY

TOPROL-XL®

(metoprolol succinate) 25 mg 50 mg 100 mg 200 mg
extended-release tablets

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

Hypertension: [illegible]

Angina Pectoris: [illegible]

Heart Failure: [illegible]

CONTRAINDICATIONS

TOPROL-XL [illegible]

WARNINGS

Ischemic Heart Disease [illegible]

Bronchospastic Diseases PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL, NOT RECEIVE BETA-BLOCKERS. See [illegible] relative beta-selectivity, however, TOPROL-XL [illegible] used with caution in patients with bronchospastic disease who do not respond to or cannot tolerate other antihypertensive treatment. Since beta1-selectivity is not absolute, a beta-stimulating agent should be administered concomitantly, and the lowest possible dose of TOPROL-XL should be used. See DOSAGE AND ADMINISTRATION. ***Major Surgery*** The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial. The impaired ability of the heart to respond to reflex adrenergic stimulus may augment the risks of general anesthesia and surgical procedures. TOPROL-XL [illegible] beta-blocker administered chronically especially if high doses are used. Some patients undergoing major surgery may require substitution of a beta-selective agonist [illegible]. However, such patients may be subject to paradoxical severe hypertension during anesthesia and surgical procedures. TOPROL-XL [illegible] beta-blocker withdrawal, particularly in patients with coronary artery disease. If surgery is elective, it may be advisable to discontinue TOPROL-XL [illegible] hours before anticipated surgery. ***Diabetes and Hypoglycemia*** TOPROL-XL should be used with caution in diabetic patients. Beta-blocking agents may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. ***Thyrotoxicosis*** Beta-adrenergic blockade may mask clinical signs of hyperthyroidism. Patients suspected of developing thyrotoxicosis [illegible] ***Peripheral Vascular Disease*** Beta-blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals. ***Calcium Channel Blockers*** Because of significant negative inotropic and chronotropic effects of beta-blockers, particularly when administered intravenously, caution should be exercised in patients [illegible]

PRECAUTIONS

General: TOPROL-XL [illegible] patients with pheochromocytoma [illegible] alpha-blocking agent prior to the use of a beta-blocking agent. Worsening of angina may be precipitated by the administration of a beta-blocking agent. TOPROL-XL [illegible] symptoms occur, it should be reduced gradually over a period of 1–2 weeks [illegible] DOSAGE AND ADMINISTRATION. [illegible] necessary to withdraw therapy prior to major surgery [illegible] TOPROL-XL [illegible]

Information for Patients: [illegible] TOPROL-XL [illegible]

Laboratory Tests: [illegible]

Drug Interactions: [illegible]

[illegible] should be withdrawn several days before the gradual withdrawal of clonidine. If replacing clonidine by beta-blocker therapy, the introduction of beta-blockers should be delayed for several days after clonidine administration has stopped. **Carcinogenesis, Mutogenesis, Impairment of Fertility:** [illegible] animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies at three oral dosage levels of up to 800 mg/kg/day (41 times the 2 mg/m² basis the daily dose of 200 mg for a 60-kg patient), benign lung tumors [illegible] occurred more frequently in female mice receiving the highest dose level than in untreated control animals. There was no increase in malignant or total benign plus malignant lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice and no statistically or biologically significant differences were observed between treated and control mice with respect to tumor type, tumor incidence, or tumor latency. Metoprolol tartrate was administered in a 2-year rat study at dose levels of 50, 200, and 400 mg/kg/day (3, 12, and 24 times the maximum recommended human dose on a mg/m² basis). Although there was an increased incidence of benign testicular interstitial cell tumors in male rats receiving the high dose, the incidence was within the historical control range for untreated male rats of the same strain. Metoprolol tartrate was not mutagenic in the Ames test, a bacterial microsuspension mutagenicity test, in a yeast cell gene conversion test, and a rat hepatocyte unscheduled DNA synthesis test. Metoprolol tartrate was also negative in a dominant lethal test in mice and did not produce chromosomal aberrations in a study of Chinese hamster ovary cells. Metoprolol succinate was negative in the Ames test and a nucleus anomaly test in plant cells. Metoprolol tartrate and metoprolol succinate were not mutagenic in a *Salmonella* mammalian-microsome bioassay. Metoprolol tartrate was negative in a rat hepatocyte unscheduled DNA synthesis test and a mouse micronucleus test. Metoprolol succinate was negative in a mouse micronucleus test. Impairment of fertility in male and female rats was observed in a study performed at doses up to 22 times the maximum recommended human dose on a mg/m² basis. The daily dose of 200 mg in a 60-kg patient. **Pregnancy Category C:** Metoprolol tartrate has been shown to increase post-implantation loss and decrease neonatal survival in rats at doses up to 22 times on a mg/m² basis the daily dose of 200 mg in a 60-kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** Metoprolol is excreted in human milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when TOPROL-XL is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Clinical studies of TOPROL-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1,990 patients with heart failure randomized in TOPROL-XL in the MERIT-HF trial, 507 (990) were 65 years of age and older and 123 (238) were 75 years of age and older. There were no notable differences in efficacy or the rates of adverse events between older and younger patients. A general dose selection for a geriatric patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. **Risk of Anaphylactic Reactions:** While taking beta-blockers, patients with a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reactions.

ADVERSE REACTIONS

Hypertension and Angina: Most adverse effects have been mild and transient. The following adverse reactions have been reported with immediate-release metoprolol tartrate. *Central Nervous System:* Tiredness and dizziness have occurred in about 1 and 10 patients. Depression has been reported in about 1 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, somnolence, nightmares, and unusual tiredness have been reported. *Cardiovascular:* Shortness of breath and bradycardia have occurred in approximately 1 and 100 patients. Rare extremes of arterial insufficiency, usually of the Raynaud type, palpitation, congestive heart failure, peripheral edema, syncope, chest pain, and hypotension have been reported in about 1 in 100 patients (see CONTRAINDICATIONS, WARNINGS and PRECAUTIONS). *Respiratory:* Wheezing (bronchospasm) and dyspnea have been reported in about 1 of 100 patients (see WARNINGS). *Gastrointestinal:* Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, other gastrointestinal disorders, and vomiting have been reported in about 1 in 100 patients. *Hypersensitive Reactions:* Pruritus and rash have occurred in about 1 of 100 patients. Worsening of psoriasis has also been reported. *Miscellaneous:* Peyronie's disease has been reported in fewer than 1 in 1,000 patients. Musculoskeletal pain, blurred vision, decreased libido, and tinnitus have also been reported. There have been rare reports of reversible alopecia, agranulocytosis, and dry eyes. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. The occurrence of cutaneous and subjective reactions [illegible] beta-blocker products has not been reported with metoprolol.

Potential Adverse Reactions: In addition, there are a variety of adverse reactions not listed above [illegible] reported with the beta-adrenergic blocking agents and should be considered potential adverse reactions to TOPROL-XL. *Central Nervous System:* Reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. *Cardiovascular:* Hypotension [illegible] Atrioventricular block (see CONTRAINDICATIONS). Intensification of congestive heart failure. Aggravation of peripheral arterial insufficiency. Thrombocytopenic purpura. Nonthrombocytopenic purpura. Raynaud's phenomenon. Fever combined with aching and sore throat, laryngospasm, and respiratory distress. **Heart Failure:** In the MERIT-HF study, serious adverse events and adverse events leading to discontinuation of study medication were substantially reduced in the MERIT-HF study comparing TOPROL-XL in dose (n=1,201, mean dose 159 mg once-daily, n=1990) to placebo (n=2040). 10.3% of TOPROL-XL patients discontinued for adverse events vs. 14.1% of placebo patients. The most frequent adverse event in the MERIT-HF study [illegible] equally common in the TOPROL-XL group [illegible] the placebo group [illegible] dizziness.

Adverse Events Occurring in the MERIT-HF Study at an Incidence ≥1% in the TOPROL-XL Group and Greater Than Placebo by More Than 0.5%

	TOPROL-XL (N=990) % of patients	Placebo (N=1001) % of patients
[illegible]	5	1
[illegible]	5	0.4
[illegible]	4	0.8

Other adverse events with an incidence of >1% on TOPROL-XL and as common or more frequent on placebo (within 0.5%) included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disorder, ventricular tachycardia/arrhythmia aggravated, hypotension, diabetes mellitus, diabetes mellitus aggravated, abdominal pain, and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported with TOPROL-XL in worldwide post-marketing use, regardless of causality. *Cardiovascular:* 2nd and 3rd degree heart block. *Gastrointestinal:* hepatitis, vomiting. *Hematologic:* thrombocytopenia. *Musculoskeletal:* arthralgia. *Nervous System/Psychiatric:* anxiety/nervousness, hallucinations, paresthesia. *Reproductive male:* impotence. *Skin:* increased sweating, photosensitivity, urticaria. *Special Sense Organs:* taste disturbances.

OVERDOSAGE

Acute Toxicity: There have been a few reports of overdosage with TOPROL-XL and no specific overdosage information was obtained with this drug, with the exception of animal toxicology data. However, since TOPROL-XL metoprolol succinate salt contains the same active moiety metoprolol as conventional metoprolol tablets (metoprolol tartrate salt), the recommendations on overdosage for metoprolol conventional tablets are applicable to TOPROL-XL. **Signs and Symptoms:** Overdosage of TOPROL-XL may lead to severe hypotension, sinus bradycardia, atrioventricular block, heart failure, cardiogenic shock, cardiac arrest, bronchospasm, impairment of consciousness/coma, nausea, vomiting, and cyanosis. **Treatment:** In general, patients with acute or recent myocardial infarction or congestive heart failure may be more hemodynamically unstable than other patients and should be treated accordingly. When possible, the patient should be treated under intensive care conditions. On the basis of the pharmacologic actions of metoprolol, the following general measures should be employed. ***Elimination of the Drug:*** Gastric lavage should be performed. ***Bradycardia:*** Atropine should be administered. If there is no response to vagal blockade, isoproterenol should be administered cautiously. ***Hypotension:*** A vasopressor should be administered, eg, levarterenol or dopamine. ***Bronchospasm:*** A beta-stimulating agent and/or a theophylline derivative should be administered. ***Cardiac Failure:*** A digitalis glycoside and diuretics should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol or glucagon may be considered.

DOSAGE AND ADMINISTRATION

TOPROL-XL is an extended release tablet intended for once daily administration. For the treatment of hypertension and angina, when switching from immediate release metoprolol to TOPROL-XL, the same total daily dose of TOPROL-XL should be used. Dosages of TOPROL-XL should be individualized and titration may be needed in some patients. TOPROL-XL tablets are scored and can be divided; however the whole or half tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 25 to 100 mg daily in a single dose, whether used alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until optimum blood pressure reduction is achieved. In general, the maximum effect of any given dosage level will be apparent after 1 week of therapy. Dosages above 400 mg per day have not been studied. **Angino Pectoris:** The dosage of TOPROL-XL should be individualized. The usual initial dosage is 100 mg daily, given in a single dose. The dosage may be gradually increased at weekly intervals until optimum clinical response has been obtained or there is a pronounced slowing of the heart rate. Dosages above 400 mg per day have not been studied. If treatment is to be discontinued, the dosage should be reduced gradually over a period of 1–2 weeks (see WARNINGS). **Heart Failure:** Dosage must be individualized and closely monitored during up-titration. Prior to initiation of TOPROL-XL, the dosing of diuretics, ACE inhibitors, and digitalis (if used) should be stabilized. The recommended starting dose of TOPROL-XL is 25 mg once daily for two weeks in patients with NYHA class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every two weeks to the highest dosage level tolerated by the patient, or up to 200 mg of TOPROL-XL. If transient worsening of heart failure occurs, it may be treated with increased doses of diuretics and it may also be necessary to lower the dose of TOPROL-XL or temporarily discontinue it. The dose of TOPROL-XL should not be increased until symptoms of worsening heart failure have been stabilized. Initial difficulty with titration should not preclude later attempts to introduce TOPROL-XL. If heart failure patients experience symptomatic bradycardia, the dose of TOPROL-XL should be reduced.

HOW SUPPLIED

Tablets contain mg metoprolol succinate equivalent to the indicated weight of metoprolol tartrate. USP are white, biconvex, film-coated and scored.

Tablet	Shape	Engraving	Bottle of 100 NDC 0186-	Unit Dose Packages of 100 NDC 0186-
25 mg*	Oval	A [illegible]	1088-05	1088-39
50 mg	Round	A [illegible]	1090-05	1090-39
100 mg	Round	A [illegible]	1092-05	1092-39
200 mg	Oval	A [illegible]	1094-05	N/A

*The 25-mg tablet is scored on both sides.

Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F). (See USP Controlled Room Temperature.)

NOTE: This summary provides important information about TOPROL-XL. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

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Teens and Alcohol

The Hidden Toll of Job Stress

Building a Stronger Stepfamily

Should Your Mom Move In?

If your elderly parent lives alone, you may wonder whether she'd be better off moving in with you. But seniors who live with their adult children tend to lose touch with friends and neighbors finds a new study from the University of Michigan, in Ann Arbor—and that's not healthy because other research has shown that a strong social network helps people live longer, happier lives.

Seniors living within an hour's drive of their families have the best of both worlds, since they can maintain their circle of friends and still see their children often. Even better, "your relationship with your parent benefits when you each have your own space but are able to interact often," says lead researcher Jung-Hwa Ha, Ph.D. candidate in sociology and social work. *—Kimberly Papa*



AN "ASK ANYTHING" HOTLINE

Are you trying to find affordable day care, an adult-education class or snow-day information? The answers may now be a single phone call away. Because finding out about such local services has long been an aggravating trip through red tape and phone trees, the United Way of America has spearheaded the creation of the number 2-1-1 as a free, confidential, community-based 24-hour help hotline. Currently 32 states have the service, but proposed funding legislation may soon expand it nationwide.

"Each call center has trained specialists to assist with health and social services questions," says Kelly Levy, national director of 2-1-1 for the United Way of America. In times of crisis the line also provides updates on evacuation plans, food bank locations and other emergency information. After Hurricane Katrina, for instance, New Orleans residents called to find shelters near them, report missing family members or, if they could, offer their assistance. "It's a way to give help, not just to get it," Levy says. *—Anita Nancy Torre*

Can You "Catch" an Eating Disorder Online?

Porn and violence aren't the only Internet menaces your kids may encounter. Web sites that actively promote eating disorders attract teens with words of "thinspiration" and fawning photographs of super-skinny celebrities. About 40 percent of adolescents with eating disorders reported visiting such sites, according to a recent survey by the Lucile Packard Children's Hospital, in Palo Alto, California. Despite attempts to shut them down or block them from search engines, the sites remain popular and prevalent.

The scariest part of these virtual support groups is that visitors can get tips on how to eat only the bare minimum, how to purge and which laxatives are most effective. Usually run by people with eating disorders, the sites nickname anorexia "Ana" and bulimia "Mia" and often sell "I love Ana" bracelets.

If you suspect your child is frequenting these sites, encourage her to confide in you or a trained professional, advises survey author Rebecka Peebles, M.D. "Visiting these sites is a cry for help," she says. "Even if she doesn't have a full-blown eating disorder, she may need support regarding eating issues." *—Debbe Geiger*

For more advice on raising happy, healthy kids, visit www.lhj.com/family

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Energy-Smart Ways to Save Money

These 10 easy improvements can save you big bucks on fuel bills

Fuel prices may be soaring, but help is on the way. The energy bill passed by Congress last August, the goal of which is to make energy-saving devices more attractive and affordable, goes into effect this month. Now when you make simple, energy-efficient household improvements that lower your power bill, you'll get a tax break.

Available during 2006 and 2007, "these are credits, not deductions, which mean you can slice the amounts directly from your tax bill, up to a lifetime maximum of $500," says Lisa K. Grossman, a certified public accountant at Kaufman, Rossin & Co., in Miami. If, for example, at the end of the year, you owe the government $5,000 in taxes but you earned a $150 tax credit for replacing your old windows with energy-efficient ones, your bill shrinks to $4,850. Check *www.energystar.gov/taxcredits* in 2006 for the full IRS guidelines on exactly what's covered. The caveat: You can deduct only 10 percent of your expenditure for most household improvements; still, this is the time for any major projects you've been contemplating. Read on for the easiest, most cost-effective improvements you can make to reduce your fuel bill—and your tax payments.

BY BRETT GRAFF

• **Install a Programmable Thermostat.** Used correctly, these handy gadgets help ensure that you're not paying to heat a houseful of empty rooms. If your household is on a fairly regular schedule, you can set the thermostat to drop the heat or shut it off entirely when your family's out during the day and to warm the place up an hour before anyone returns. You can also adjust the thermostat to lower the heat at bedtime, when the family is cozy under blankets, then to climb again an hour before you wake up.

Over a month, each degree you lower your house's average thermostat reading reduces your energy bill 2 to 3 percent, says Ryan Moore, a project manager for the New York State Energy Research and Development Authority. Programmable thermostats cost between $25 and $100, and they are easy to install yourself. CONTINUED



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• **Seal Your House.** If your home is drafty, your heater has to work harder to maintain the temperature you want. If you're not sure where drafts are coming from, take a shower and stand in the middle of a room, wet: You'll feel the cold air and be able to track it to its source. You may be able to apply the costs of sealing and caulking leaks toward your $500 tax bill credit.

Fortunately most leaks are easy to fill yourself. Expanding foam sealant, available in cans, dries to look like Styrofoam and can be sprayed on cracks on window and door frames. Weather stripping, which comes in rolls of what looks like really fat tape, can simply be pressed in place around a door's four edges, where the door meets the frame and the floor, and around the edges of your windows.

Also check the interior heating pipes for cracks and unsealed joints. Many pipes are hidden behind the walls, but if you have a basement or crawl space, you're likely to find a few that could use more insulation. Invest in insulating sleeves to snap over each pipe, but be sure to measure pipe circumferences before heading to the hardware store: only a snug fit will save energy.

• **Upgrade Your Windows.** If you already have energy-efficient windows, be sure to replace any missing parts or make any necessary repairs to lower your energy bill. If you don't have them, buying new energy-efficient windows will garner you up to a $200 credit, although that's the maximum you can deduct from your 2006-07 tax bills for window improvements, Grossman says.

• **Install a Tankless Water Heater.** For more energy efficient faucet flow, consider investing in a tankless water heater. It may run from $800 to $2,000, plus the cost of paying a licensed plumber to install it, but you can save up to 15 percent on your water heating bill. Unlike conventional models, these don't maintain a reservoir of hot water, but quickly heat cold water when the tap is turned on by passing the water through hot coils. The water is hot in as little as five seconds, and there's an endless supply, so even a long shower won't use it up. Installing a tankless water heater also means that you can take up to $300 off your tax bill.

• **Install Insulation.** Insulating your home is similar to draping it with a warm sweater, helping it retain heat. You'll need to call a professional in to do the draping, says Gale Tedhams, a product manager for Owens Corning Insulation, in Toledo, Ohio. "If your house was built before 1980, you might have less than what's recommended," she advises. Since hot air rises, it's most efficient to concentrate on insulating the attic, plus it's not too invasive. Insulating will minimize the heat you lose, you can apply the costs of adding insulation toward your tax credit.

FIVE SURPRISING ENERGY SAVERS

The best ways to conserve energy aren't always obvious. Try these counterintuitive tricks:

1 **Use your dishwasher.** Running a load of dishes saves more fuel than hand-washing, says John Vacher, an energy expert at Home Depot, as long as you don't rinse the dishes before putting them in (with new machines you won't need to). Run the machine only when it's full and turn off the "heat-dry" cycle. Set it to "air-dry" or just leave the door ajar.

2 **Don't turn off your computer, as long as you have a newer model that goes into sleep mode.** Any energy savings is negligible. "Monitors take more energy than CPUs but dim themselves when not in use," Vacher says. "You can often set them to shut down faster."

3 **Ask your utility company about "time of use" rates.** Some companies offer discounts during off-peak times, such as the middle of the night. Run your dishwasher or recharge the camcorder batteries then.

4 **Change your furnace's filter monthly.** "Just pull out that little honeycomb sheet and slide in a new, clean one that won't have buildup," Vacher says.

5 **Wash clothes in cold water.** Cold-water washing can get all but extremely soiled laundry clean and save you around $60 yearly. Plus, it conserves your clothing as well, by limiting shrinkage, dye bleeding and other types of fabric damage.

LHJ.com For more money-saving tips, visit www.lhj.com/money



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When Drinking Kills

Alcohol abuse is the number one drug problem among America's teens and in a twist, girls are more susceptible than boys

She suspected there would be alcohol at the party, but at 19, Samantha ("Sam") Spady thought she could hold her liquor. Or maybe she wasn't thinking at all. In an 11-hour period in September 2004, the Colorado State University sophomore downed some three dozen beers, tequila shooters and vanilla flavored vodka shots before passing out in a spare room of a fraternity house. By the time the former high school homecoming queen and class president was found the next evening, she was dead of acute alcohol poisoning, with a blood-alcohol level of .436—five times the legal driving limit. Samantha had been educated about the risks of underage drinking, says her father, Rick Spady, "but she didn't understand that alcohol can kill you." Rick and wife Patty have set up a foundation in their daughter's memory (*samanthaspadyfoundation.org*) to educate other kids and their parents about the potentially fatal dangers of binge drinking (defined as consuming more than four or five alcoholic beverages in a two-hour period). "What happened to Samantha can happen to anyone," warns Patty. Indeed, drinking contributes to an estimated 1,700 campus deaths a year and an additional 600,000 injuries.

Underage drinking is nothing new, of course, but today's teen drinkers start at an earlier age than their parents did, are likely to binge drink and are apt to be female. Some 20 percent of eighth graders consume at least one drink in a month. And about 30 percent of all 13-year-olds have experimented with alcohol. Nearly half of college students of both sexes binge drink, often participating in such extreme drinking games as "Power Hour" (downing a shot of beer per minute for an hour). In all, nearly 7.4 million underage drinkers binge at least once a month.

But the most notable shift in tradition is the fact that girls are now catching up with their male counterparts. In one study, 21 percent of ninth-grade girls binge drank in a month versus 19 percent of boys. The numbers only rise as kids hit college. According to the Harvard School of Public Health, 41 percent of college women admit to binge drinking.

GIRLS' GREATER RISK

Early drinking can injure certain areas of the brain, which continues to develop until about age 21. "An adult would have to drink twice as much as a teen to do the same amount of brain damage," says J. Edward Hill, M.D., president of the American Medical Association.

Girls are even more sensitive to alcohol than boys are because, in addition to generally being CONTINUED

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physically smaller, females have a higher body ratio of fat to water, says Fulton T. Crews, Ph.D., director of the Bowles Center for Alcohol Studies at the University of North Carolina at Chapel Hill. "Fat does not absorb alcohol, as water does, so girls' blood-alcohol levels rise more quickly." To compound the problem, women have lower amounts of an active alcohol-metabolizing enzyme. "Female bodies are less efficient at breaking down alcohol," Dr. Crews says, "so they get drunk faster."

The fact that alcohol and sexual misbehavior often go hand in hand raises the stakes for women even higher. Alcohol is implicated in an estimated 97,000 sexual assaults annually among college students.

THE ALLURE OF ALCOHOL

Given these hazards, why are young women drinking so much? Part of the answer can be chalked up to peer pressure and some girls' need to be seen as able to drink like "one of the guys." "Guys are impressed when I can drink almost as much as they can," says Polina, a 19-year-old from New Jersey. "It shows them I'm not a weak little girl. When I do shot for shot, they high-five me."

Add to this mix the fact that, bluntly put, alcohol makes kids feel good. It stimulates serotonin and dopamine, brain chemicals that trigger sensations of euphoria, a loss of inhibition and a false sense of being in control. These effects appeal to all teens but seem especially alluring to teen girls, who often report that drinking makes them feel more confident and "less uptight."

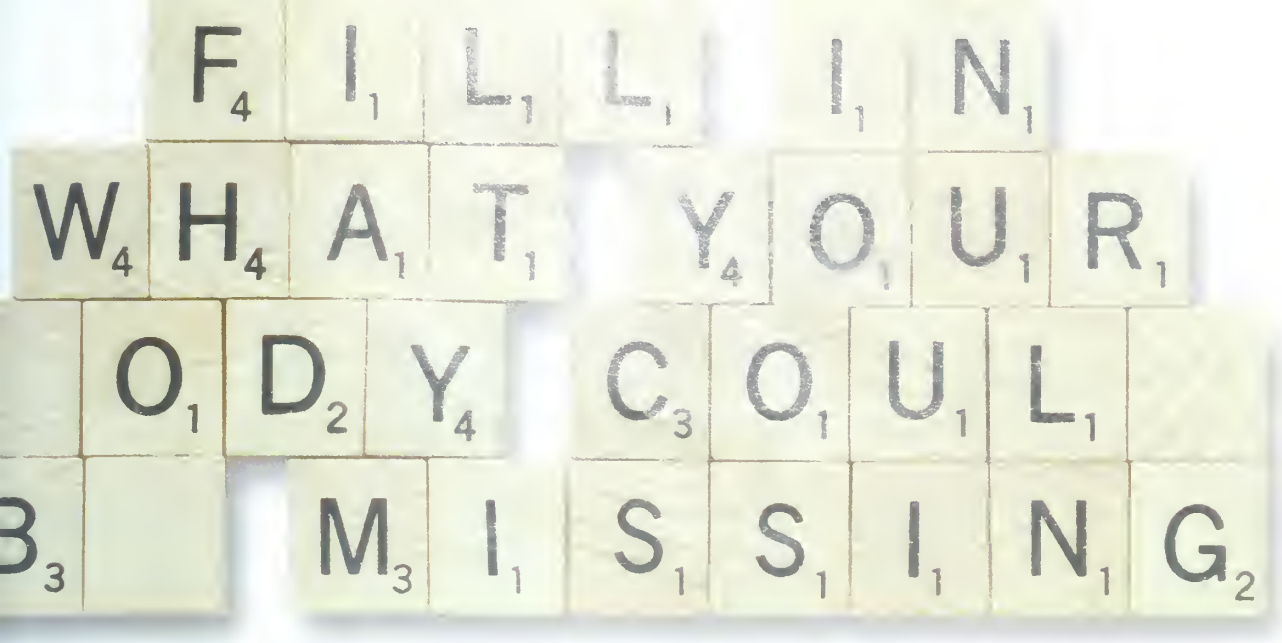
Alcohol makers, too, are aggressively courting the female consumer. Such novel products as "alcopops," the generic name for sweet-flavored malt beverages that are packaged to resemble fruit drinks, specifically target women who find traditional liquor less than palatable.

Patty Spady is convinced that such flavored disguises were a factor in her daughter's death. "Vodka shots flavored with vanilla taste like candy," she notes, "so girls don't realize the danger and drink too much, too quickly." Perhaps, she adds, "if this poison were made to taste like gasoline, kids would drink a lot less."

WHAT PARENTS CAN DO

- **Prohibit "at home" drinking.**
- **Connect with other parents.**
- **Set a good example.** Your teen may seem barely to acknowledge your existence, but he's watching you, and your approach to alcohol will profoundly influence [illegible] only in moderation [illegible] D. "If kids see that you practice what you preach, they're more likely to heed your advice."
- **Keep the door open.**
- **Lobby schools.**

LHJ.com **Get expert advice on how to confront your teen about alcohol. Visit www.lhj.com/teendrinking**





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No longer going hungry, Beard and her beloved Sydney, 7, have reason to smile

A Full Belly for the Whole Family

When Meals on Wheels workers noticed that plates from seniors were being licked clean, they pledged to put in place a program for pets, too

BY SARAH Z. WEXLER

Cindi Beard sits in the living room of her trailer home in Sacramento, California, watching her favorite channel, Animal Planet. But her mind isn't on the show. It's nearly 9:50 A.M., and she's eagerly waiting for the doorbell to ring. As soon as it does, Beard, 69, heads to the door with the help of her cane as Sydney, her Australian shepherd mix, barks happily by her side. "Hi, Cindi!" says Teofilo Tamboaon, a driver with the organization Meals on Wheels (MOW), who gives her one of his usual hello hugs, then hands her a lunch tray (today it's tuna salad on a bed of lettuce, vegetables and a cookie), as he does every weekday morning.

But he has also brought a crackling new bag of dog kibble, compliments of MOW's new program, Pets Eat Too (PET). Tamboaon spends a few minutes roughhousing with Sydney, then replaces the frayed rope around her neck with a proper leash and collar, gifts that delight Beard. She settles on the couch with her tray on her lap while Sydney runs back and forth from her bowl on the kitchen floor to chew a mouthful while sitting at Beard's feet. It seems the two agree that a meal just tastes better when they eat side by side.

It was only months earlier that these close companions were both going hungry. Half of the 1,500 home-bound seniors served by MOW's Sacramento branch have pets, and many of them were sharing their lunches—often their only substantial daily meal—with their beloved dogs and cats. The group got wind of the problem after drivers came to collect the trays and often found them left outside on porches, next to water bowls, obviously licked clean. MOW initially collected broken or outdated bags of food from the local animal shelter, but the 1,200 pounds they distributed every month didn't even begin to fill the bellies of so many hungry pets. Then last May MOW program manager Janine Brown received a call from Royal Canin, a pet-food company that CONTINUE


Scoop Away
clumping makes it easier

wanted to help by donating 65,000 pounds of food—enough to meet MOW's needs for a year not only in Sacramento but in several neighboring counties as well.

Life had changed quickly for Beard. Two years earlier she never dreamed she would ever be worried about putting food on the table. Separated since 1999 from her husband, she was working as a part-time receptionist and earned a decent income, which went toward the rent on her trailer, her car payments and other living expenses. But in November 2004 she suffered a mild stroke while driving and rear-ended a truck. An air bag spared her any broken bones, but the impact worsened her back pain. Beard had to quit her job, and she received little financial support from her friends, family or husband, leaving her to subsist on $750 monthly Social Security payments.

She couldn't keep up with the bills. Her rent and car payments alone came to some $525. Beard had already stopped taking her various medications for diabetes and heart problems. She lived on peanut butter and jelly sandwiches three meals a day, seven days a week. Allowing herself to go hungry was one thing, but how could she not provide for Sydney, the faithful companion who had seen her through her crumbling marriage? So she spent more than half of her $45 monthly grocery money on dog food; even so, it wasn't enough to keep Sydney well fed. But at least Beard had a sense of security. "Without her, I can't sleep," she says. "She's my beacon in the night, my lifeguard."

But Beard hadn't realized how unsteady on her feet she had become without her medication. While walking outside her trailer a month after her stroke, she fell after having barely





Driver Teofilo Tamboaon brings munchies, toys and TLC for Sydney

taken 10 steps. Unable to get up on her own, she lay waiting on the street for 15 minutes for someone to see her. Then she saw it—a garbage truck, barreling straight toward her. Frantic, she managed to wave her arms and alert the driver, who stopped, got out and called to a woman across the street to help him move Beard. The woman, who happened to be a MOW driver, asked Beard about her falls and her difficulty standing and walking, and suggested to her supervisor that Beard be part of the MOW program; she received her first meal a few days later.

Knowing Sydney was hungry, Beard felt so guilty she could only pick at her food. She leaned down and placed the tray at her feet and smiled as the dog lapped it up. The shared meal became their daily ritual, and Beard ate only one other small meal at night, usually cottage cheese and fruit. Feeling ashamed, she never left a licked tray for the MOW driver to find. But Tamboaon somehow sensed the pair's need and suggested to his supervisor that Beard be included in the new PET program. One day, without saying a word, he simply handed her kibble. The gratitude in Beard's eyes said it all.

Nationally an estimated 20 percent of MOW's 4,500 branches now run similar pet-food programs. "Someday we'd like all of our programs to be able to do this," says Enid Borden, the organization's chief executive officer. "It's our job to provide nourishment to the household, and pets are often part of that." At Beard's home, both she and Sydney are eating better. With unlimited free food, Sydney has put on 10 pounds, and Beard is now able to spend all of her monthly food allowance on herself. She considers the help from MOW and PET as nothing less than a blessing. "It's like manna from heaven," Beard says. "It has made all the difference."

For more information on the Meals on Wheels program, visit **www.mowaa.org**

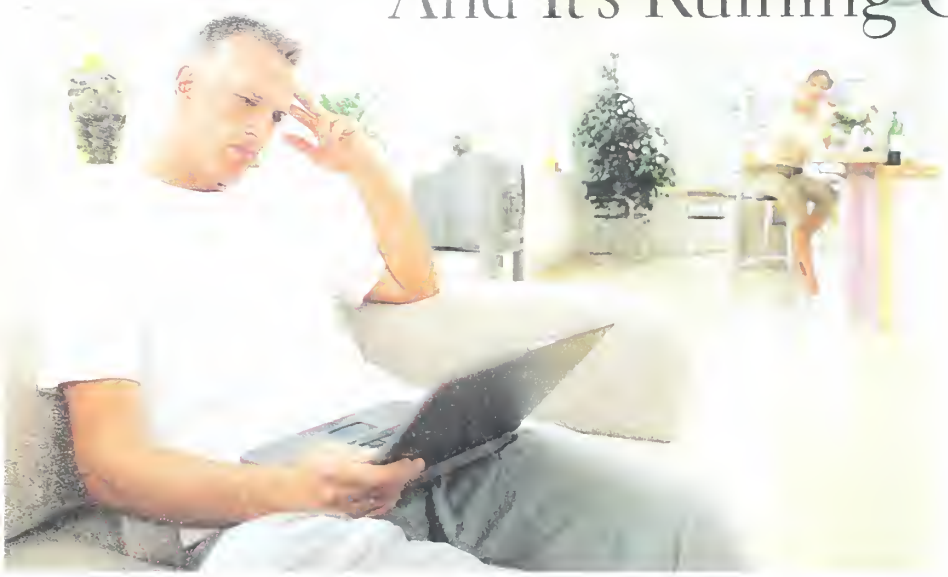


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"He Hates His Job— And It's Ruining Our Marriage"



Her turn "Jon is so stressed I don't know what to do anymore," said Lara, 35, an extroverted woman who left a job in real estate to care for her now-1-year-old son, Toby.

"I love him so much, but he's become impossible. Jon comes home from work, gives me and Toby a perfunctory hug, then holes up in the den. He says he's working but sometimes I hear him crying in frustration.

"I want to help, but when I ask a question, he gives only a brief hostile answer. I vacillate between feeling angry that nothing I do can ease his anxiety, and feeling guilty that I feel angry!

"The problem started 11 months ago when Jon took a position as the chief financial officer of a small engineering firm here in Denver. He'd been out of work for a year since his old company merged with a larger one. He had been asked to stay on, but would have had to relocate to Atlanta. We had just started dating, and Jon has told me that I was the big reason he hadn't wanted to pull up roots.

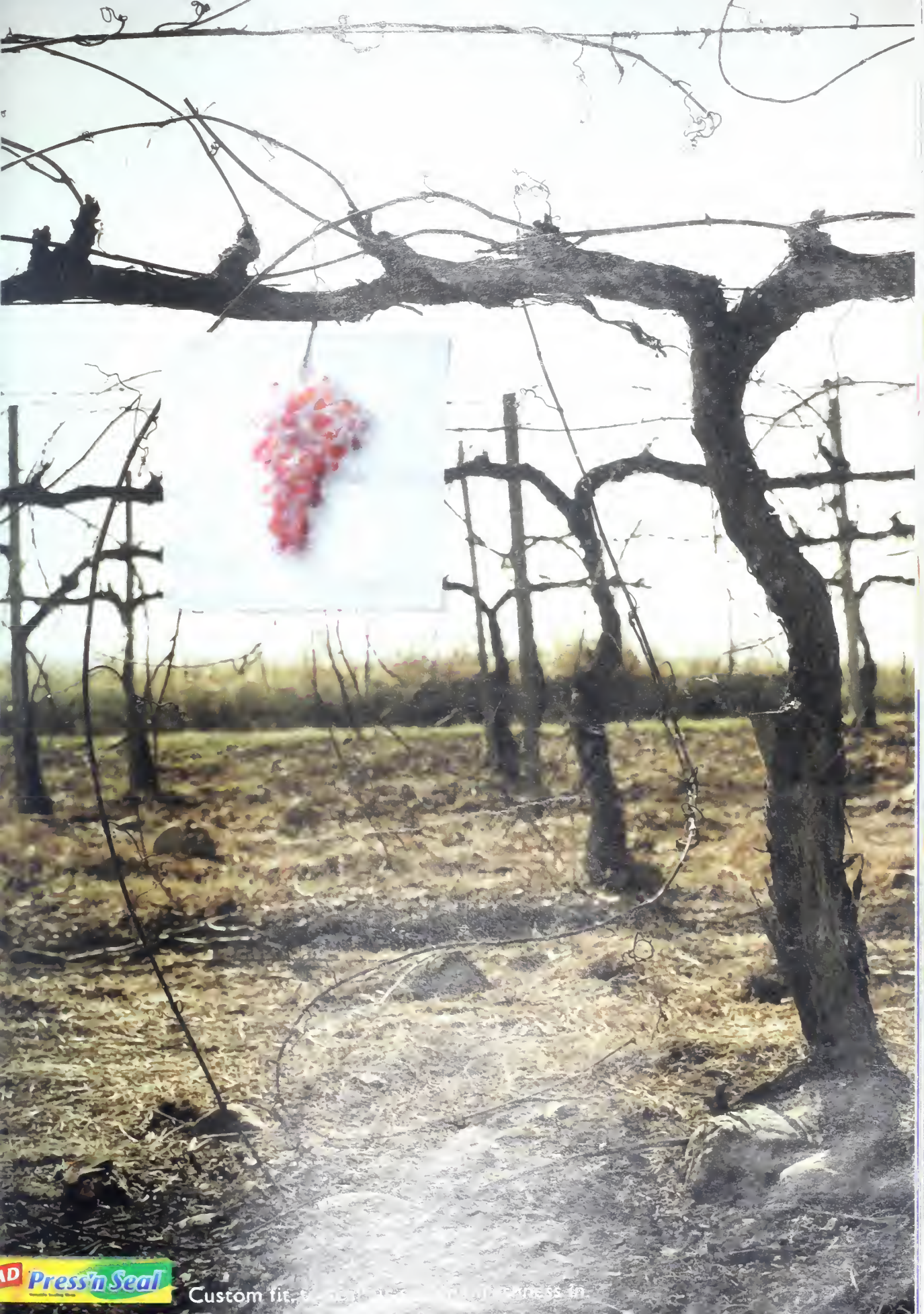
"At first, this new job seemed perfect: a senior level position with a prestigious firm, with real power and responsibility. Jon had heard that the CEO was difficult. What an understatement! The man is a tyrant—and as his number two, Jon gets the brunt of that tyranny. Jon takes to heart everything this ogre says and does.

"Look, I expected Jon to have long hours, frequent travel and a fair amount of stress. But I never expected to be cut out of his life. Weekends, especially Sundays, are horrendous. He's too worried about the coming week to enjoy himself. I try to give him space. I don't ask him to do chores or watch Toby. He's so wound-up that he can't even sit and snuggle on the couch. Our sex life has evaporated. The saddest part is that I have no idea how to crack through his shell.

"I get scared when Jon pulls away. My father suffered from depression. He would stay in his room for days on end, avoiding all of us. That was before doctors understood mental illness or how to treat it. He died in a car accident when I was 13, leaving my mother to raise me and my four younger siblings alone. Mom worked as a dental hygienist and managed to put all five of us through college. Her courage is an inspiration; it's why I'm such a resilient person today.

"Jon and I clicked from the moment we met. He is brilliant, funny and motivated, but also sensitive and kind. What really cemented the relationship was a three-week trip to Australia that we took after Jon left his old job. He'd been given a six-month severance package and wanted to travel before plunging into a job CONTINUED

BY MARGERY D. ROSEN


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can this marriage be saved?

hunt. We'd been dating for only a few weeks, so I was surprised by his invitation. But then I figured, why not? We'd either find out we couldn't stand each other or fall madly in love. Well, by trip's end we were engaged. Four months later, we were married; two months after that, I got pregnant.

"Jon wasn't working through most of our first year together, and we managed fine on my salary and his severance. Job hunting is stressful, but we got along great during that period, talking constantly and analyzing the pros and cons of every company he interviewed with. I know Jon could find another job, so why doesn't he just quit this one? Why is he killing himself over this dreadful man?"



His turn: "I have every reason in the world to be happy," admitted Jon, 38, a handsome man with a deliberate way of speaking. "I'm married to a terrific woman. We have a beautiful, healthy son. And I have a job that, on paper, is perfect. But most of the time I can barely get out of bed in the morning. I have no energy to talk to Lara or play with my son. I've stopped playing basketball with my friends. Sometimes I'm so tense I find myself gripping the steering wheel with all my might. I know it sounds melodramatic, but my workday is a personal hell. At night I sometimes break down in tears.

"As Lara said, the firm where I'd worked happily for 10 years was acquired. The new management asked me to stay on, but I didn't want to relocate to Atlanta. I was excited when I got this offer. I'd been warned that the CEO, my boss, was hard to work with, but I was impressed by his intelligence and goals for the company. I'd handled tough work situations before; I figured, how bad [illegible] be?

"[illegible] my wildest imaginings. My boss is a bully who rules by ranting, raving and steamrollering over everyone. He shoots down ideas I've worked on for weeks and rudely contradicts me in meetings. If he has a problem with someone, he comes flying out of his office and humiliates the person in front of everyone. I've been at the receiving end more times than I can count. Any time I have to communicate with him—in person, on the phone, even through e-mail—I get panicky. There's no escape: The guy sends me e-mails at 2 A.M.

"I feel terrible about pushing Lara away, but it seems like the only recourse when I'm feeling so out of control. This experience has really shaken my confidence. I had a happy, conventional childhood in Indiana. My family—my stay-at-home mom, my accountant dad, my two sisters and I—were about as close to the Waltons as a family can be. In high school I was all-state in football and track and president of the honor society. My parents didn't push me. I pushed myself, both academically and athletically. In fact, they used to tell me to take it easier!

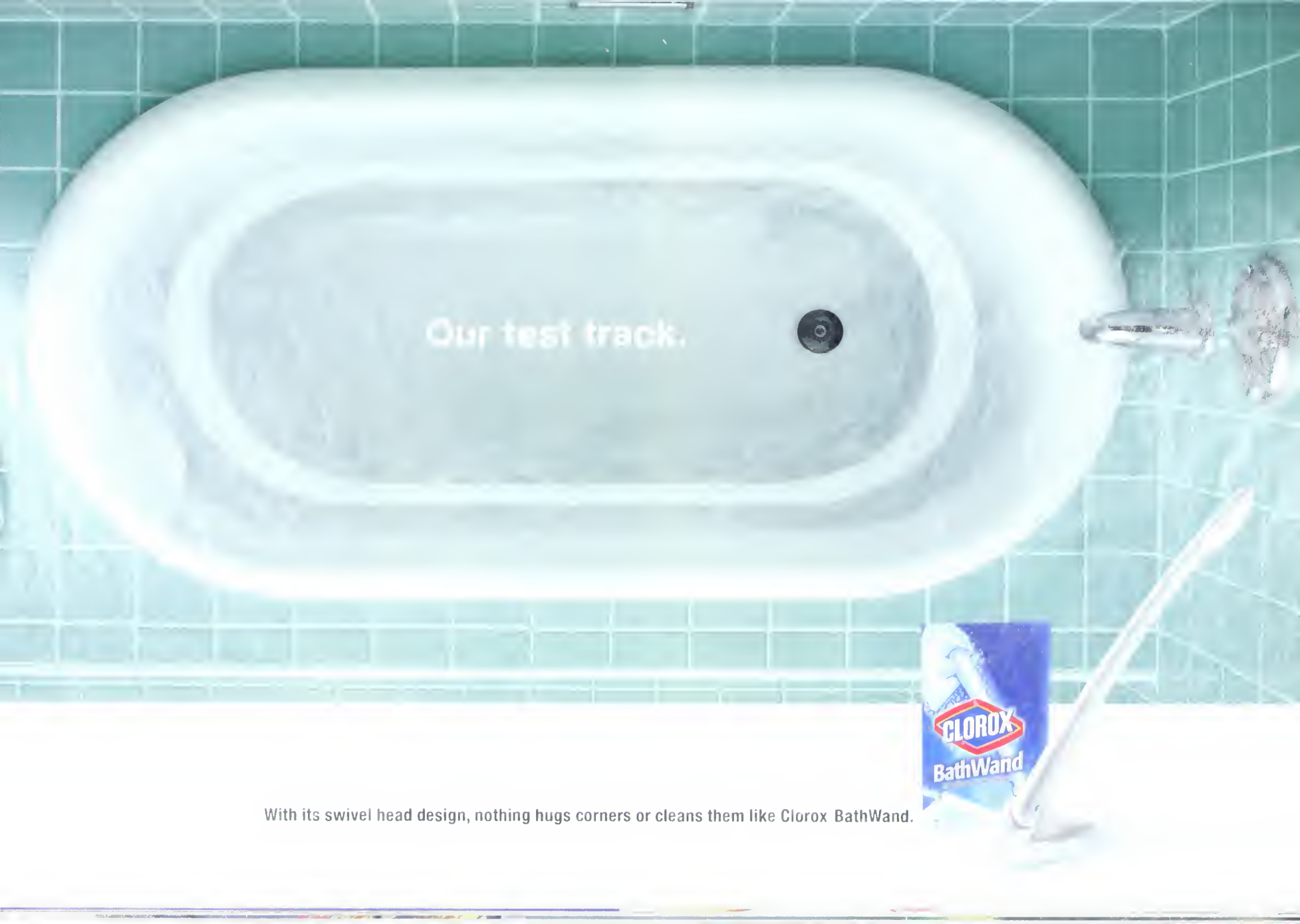
"I recall two occasions when I felt an overpowering anxiety similar to what I feel now. One was in sixth grade when, of all things, I was eliminated from a spelling bee because I misspelled banjo. The other was when I had a verbally abusive high school football coach. The other guys on the team just let the insults and name-calling roll off their backs, but not me. I dropped off the squad for two years, rejoining only after that coach was fired.

"I feel stuck. Lara doesn't understand why I don't quit, and I'm not sure myself. Maybe it's the thought of another long job hunt. Maybe it's because my dad stayed in his job for 30 years, even though he hated it, because he was a devoted family man. And actually, if this one guy were just removed from the picture, I'd love my job. Barring that possibility, how do I keep every working day from sending me into a tailspin?"

The counselor's turn: "My goals for this couple were twofold," said the counselor. "First, to help Jon learn techniques for managing his stress, and second, to help them reconnect emotionally and physically.

"Jon grew up in a loving, supportive family and until now had moved easily from one accomplishment to another. But behind that confident demeanor lay a lifelong struggle with an 'am I good enough?' insecurity that didn't emerge until our fourth session. After recalling his experience with the abusive coach, which led him to quit the team, he revealed that he had often wondered if his success was a fluke. In the past, he'd been able to suppress that feeling. This time, he couldn't.

"Job stress is epidemic, but everyone reacts to it differently. A certain amount spurs us to function at our best, but too much can be toxic, emotionally and physically. People who feel stressed 24/7, like Jon, may CONTINUED



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become gridlocked by feelings of failure, hopelessness and helplessness.

"But if Jon was suffering from a depressive collapse, Lara had a case of what I call 'excessive altruism.' She had fallen into a pattern of protecting Jon, placing no demands on him whatsoever and ignoring her own needs—for an equal partner, a lover, a companion. I urged Lara to be assertive about bringing her husband back into the family's daily life. 'Your job is to say, "Let's all go for a walk" or "You need to watch Toby for an hour," instead of doing everything and allowing him to isolate himself,' I said. Turning to Jon I said, 'And your job is to share your day with Lara, including what upset you as well as what went right. When you don't, you deprive her of a husband.'

"In her own work life, Lara had been a master problem solver, but she lacked knowledge of Jon's industry. So her suggested solutions to problems were rarely workable. Instead of explaining further, Jon dismissed her ideas, ratcheting up the frustration level. I taught Lara some key talk tactics. For instance, rather than ask questions that could be answered with monosyllables (Did you have a good day?) she should frame an open-ended question beginning with the word *how* or *what* (How is that new hire doing?) to nudge Jon into a conversation.

"I suspected that Jon's feelings of self-doubt were partly due to depression. I referred him to a psychopharmacologist, who prescribed an antidepressant. Within several weeks, Jon reported he felt more like his old self. His problems didn't vanish, but medication allayed his anxiety. 'The best way to short-circuit stress,' I told him, 'is to nurture yourself, something most people seldom do.' We talked about how he could resume his weekly basketball games with his friends, read a book or go out for a nice dinner. 'Having something to look forward to can help you through a tough day,' I noted. I urged Jon to initiate sex at least twice a week. 'You'll see,' I told the couple. 'Sex is a wonderful antidepressant.' They quickly discovered that I was right.

"In all our sessions, we worked on strategies to defuse Jon's work tension. I taught him to tune in to the physical signs that his stress was escalating so that he could close his office door and



pend a few minutes doing relaxation xercises. We also role-played specific cenarios to help him cope. 'You can't hange a bully,' I said, 'but you *can* hange the way you react to him.' So ow, if his boss launches into a tirade, on takes a deep breath, says firmly, 'I'll e happy to discuss this when we're oth calmer,' then leaves immediately. His boss was so stunned when Jon did his that he stopped in mid-sentence, llowing Jon to add, 'When the atmophere gets too heated, I can't think learly enough to solve the problem.' y responding calmly and making clear hat he's unwilling to talk to his boss if is tone is derogatory, Jon has made his ffice a more positive environment.

"Finally, we worked on putting his urrent situation into perspective. He realized his life circumstances were different from his father's and that losing his job would not condemn him to lifelong unemployment. 'If I could handle one job hunt, I can handle another,' Jon said, 'especially because I have Lara's love and support.'

"Jon and Lara were in joint therapy for three months, and I still see Jon occasionally. He's no longer taking the antidepressant and feels much calmer in general. 'I'll never like my boss,' he told me recently, 'but I can work with him now without getting flustered.'

"Lara agreed. 'He still hates the way his boss behaves but it no longer consumes him,' she said. And she offered proof positive that Jon has mellowed: Now when the family goes out, he leaves his cell phone behind."



'Can This Marriage Be Saved?' is the most enduring women's magazine feature in the world. This month's case is based on interviews and informat on from the files of Susan Heitler, Ph D., a clinical psychologist in Denver and coauthor of *The Power of Two Workbook*. The story told here is true, although names and other details have been changed. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation

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Look-alike love: identical twins (from left) Roy, Amanda, Troy and Rhianna

A Double Dose of Happiness

When Roy and Troy Tesmer and Amanda and Rhianna Deitsch first laid eyes on one another, both sets of twins knew they'd met their better halves

While marching shoulder to shoulder in the Twins Days Festival parade, on August 5, 2000, in Twinsburg, Ohio, Roy and Troy Tesmer did a double take. There, just in front of the identical twin brothers from Cheyenne Wells, Colorado, were duplicate versions of the same beautiful woman. "Roy looked at me. I looked at him," Troy recalls. "I said, 'Let's go!'"

The objects of their attraction, Amanda and Rhianna Deitsch, were staring straight back at the two uniform clad Marine reservists. "With their heads high and shoulders thrown back," says Amanda, "they seemed like two men who had it together."

Indeed, Roy and Troy were as solid as they appeared. Well-mannered, easygoing and hardworking, they co-owned a construction business and the house in which they had lived since finishing active duty for Uncle Sam. At 28, they were ready to settle down. That's why they had come to the festival: They were hoping to meet identical twin sisters. "My brother and I have been inseparable ever since we were born," says Troy. "We've always wanted to marry twins, because other women have trouble understanding the intensity of our bond."

The Deitsch twins, 23, had had similar experiences. "Boyfriends were sometimes jealous of the amount of time we spent together," says Rhianna. "Not many were willing to double date every weekend, so our relationships tended to be frustrating for everybody."

But Amanda and Rhianna had never considered dating twins. After noticing Roy and Troy at the parade, however, they made a point of introducing themselves. The four chatted amiably for a few minutes, then headed off separately to watch contests devoted to "which twins look the least alike."

The Tesmers spent the rest of the afternoon marveling that they had finally met twins to whom they were both attracted. But that night, when the brothers arrived at the festival dance, they couldn't find the sisters anywhere in the crowd of 5,400.

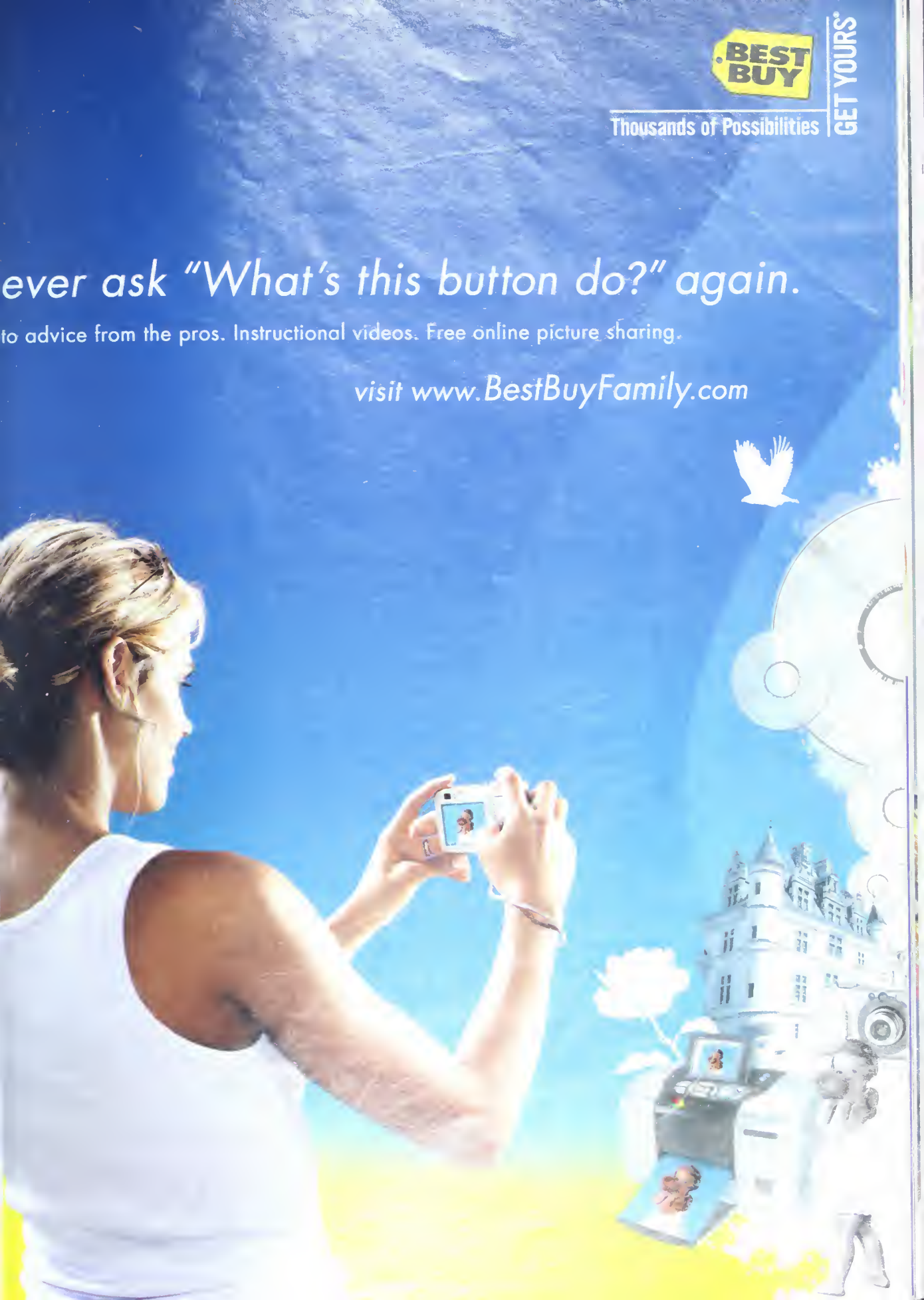
The next afternoon, when all the twins at the festival gathered for a group photo, they spotted Amanda and Rhianna in the crowd and pushed their way through. But before they had a chance to get their phone numbers or last names, they were again separated by the throng. The rest of that day—the festival's last—the brothers searched in vain for the gentle sisters with golden hair and gorgeous smiles.

"As we headed home, we kicked ourselves for not getting more info," Troy says. "We really blew it."

Back home in Hillsboro, Ohio, Amanda and Rhianna were equally disappointed. "We hadn't spent much time with the two of them, but we both felt a spark," says Rhianna. "It was a letdown when they disappeared."

A thousand miles CONTINUED

BY MOLLY M. GINTY


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The twins' double wedding was the first in the church's history

away in Colorado. Roy and Troy racked their brains over how to find the sisters. Amanda and Rhianna had mentioned that they didn't have a computer at home, but the brothers decided to post a Web message anyway. "We are twin Marine reservists who share a close bond," they typed on the Twins Days message board. "We're looking for twin sisters with the same bond."

Several months later, Amanda and Rhianna were hooking up their first computer when they decided to visit the Twins Days site. Scrolling through the message board, they stumbled on an e-mail labeled TWIN MARINES FROM COLORADO. Squealing with delight, they replied immediately.

The brothers, who had pretty much given up their search, e-mailed back, launching a flurry of instant messages in which the twins discussed their jobs (the sisters were nurse's aides, the brothers masons), their likes (horseback riding for the sisters, bike riding for the brothers) their dislikes and common identical-twin experiences (each had anecdotes about being confused for the other). All four soon discovered they shared something even more fundamental: a twin bond so strong that they finished each other's sentences and read each other's thoughts.

Like Roy and Troy, Amanda and Rhianna came to believe that their best chance of happiness lay in marrying twins. "When we realized how much we all had in common, Rhianna and I were like giddy teenagers," says Amanda. "We'd get home from work and race to be the first to check e-mail."

As the weeks passed, Troy and Rhianna, both a few minutes older than their siblings and more outspoken and outgoing, became closer and started pairing off. Roy and Amanda, the younger, more reserved twins, soon followed suit. After five months of instant messaging—punctuated by marathon phone calls—the Deitsches and Tesmers arranged to meet again. Expectations soared.

But when Amanda and Rhianna arrived at the Denver airport, their high hopes tumbled. Instead of the confident, capable men they had come to adore, they were met by a pair of tongue-tied brothers. "When we saw them, we were both nearly paralyzed with excitement," Troy admits. "Even worse, in the parking lot, we forgot where we'd left our truck. The girls sat on their suitcases while Troy and I sprinted around the asphalt for an hour, looking up and down the rows."

Amanda and Rhianna were baffled but still determined to give love a shot. After checking into their hotel, they had dinner and spent the evening admiring each other. By evening's end, everyone was joking easily, and over the next 10 days, the foursome hit the movies, devoured steak and daiquiris and roller-skated with the Tesmers' nieces and nephews. When Amanda and Rhianna got back on the plane, Roy and Troy were seated beside them, having made a spur-of-the-moment decision to meet the sisters' family in Ohio.

On November 24, 2001, Roy Tesmer married Amanda Deitsch and Troy Tesmer married Rhianna Deitsch in a double ceremony. The sisters wore matching full-length white dresses, while the brothers donned their Marine dress blues. Then they all moved in together, a decision that dumbfounds most outsiders. Home is a sprawling five-bedroom house in Hillsboro, which they have divided into two separate living quarters, with common areas (including the kitchen) shared by all. Chores are split evenly, with Amanda and Rhianna doing the cooking, cleaning and grocery shopping while Roy and Troy handle dishes and yard work. The setup even provides built-in babysitting for Roy and Amanda's son, Tabor Cole, 3, and Troy and Rhianna's daughter, Isabella Ann, 3. (The cousins are often mistaken for fraternal twins.)

Strangers may—and do—raise an eyebrow at the two families' living situation, but all four sing its praises. "We adore watching our children grow up with so much love and support," says Rhianna. "Sure, we get plenty of stares but we laugh them off. Falling in love with another set of twins has brought all of us double the happiness."

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Diane and George Gravlee didn't want to spend their retirement at bridge games or on the golf course. So they got into their RV and are building Habitat homes all over the country

"We Feel Called to Give Back"



When they're not touring the country in their RV (bottom right), Diane and George Gravlee spend their time on Habitat builds (left)

When George Gravlee retired from his job with the U.S. Department of the Interior in 1994, he didn't take up gardening or golf. Instead he and his wife, Diane, a retired librarian, both dedicated Habitat for Humanity volunteers, began working three days a week at the Albany, New York, offices of their local affiliate. The couple—avid campers, also hitched their travel trailer to the back of their car twice a year and hit the road, visiting parts of the country they hadn't yet seen and participating in nearby builds manned by small groups of Habitat volunteers who came from across the United States to help out on understaffed projects.

But five years later they were ready for a change. So, with their two children married and raising families of their own, the couple decided to indulge their love of travel full-time. They sold their house, traded in their trailer and bought a deluxe 35-foot-long motor home. Their itinerary: to crisscross the country visiting national historic sites and local points of interest, dining in quirky small towns and dropping in on friends and relatives.

But that's not the only reason the RV lifestyle seemed so appealing. They knew it would allow them to become part of Habitat's Care-A-Vanners, a group of volunteers who travel the country in their RVs to builds in need of help. Indeed, the pair now trades hiking CONTINUED

BY LUCY MAHER


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boots for hammers and participates in builds for four months each year. There are more than 140 such two-week builds annually in which about 2,600 people—most of them retired seniors—take part. Some sign up for as few as one project a year; others, like the Gravlees, spend about a third of their time on builds. They participate in six to eight each year, in places as far-flung as Burlington, Vermont, and Sacramento, California.

"We've been very blessed in our life and feel this is what we have been called to do," says Diane, 62. "We realized that we could make a difference to a family and at the same time have fun."

The compressed time frame in which Care-A-Vanner builds happen accounts for the easy camaraderie. Unlike regular Habitat builds, which take several months to complete because volunteers help out mostly on Saturdays, Care-A-Vanners help out in two-week increments. After a concrete slab is poured, a group of 18 volunteers works Monday through Friday from 8 A.M. to 3 P.M., on such things as framing the structure, installing the roof, doors and windows, and putting in insulation and dry walling. "A lot of us are senior citizens," says George, "and after two weeks of strenuous labor, we're pretty burned-out."

Still, the time passes quickly as volunteers forge connections. "We are all focused on what we are doing, but there's a lot of chatting—especially about grandkids among the women," George, 65, says with a laugh. At the end of the day, "after we've all had a shower, we'll sit out in the shade and have hors d'oeuvres and socialize and decide where we are going for dinner." Weekends are reserved for laundry and errands—the occasional sightseeing trip and church.

The Gravlees were infected with "Habititus" ("Extreme enthusiasm for the Habitat for Humanity program," laughs George) in 1993 after spending a week on the Hawaiian island of Kauai on an intensive seven-day build for victims of Hurricane Iniki. The category 4 storm a year earlier killed seven people, damaged countless homes along the island's southern shore and destroyed acres of sugarcane, banana and papaya crops.

For seven days straight the Gravlees and more than 100 other volunteers from across the United States joined an equal number of local residents in building seven two- to three-bedroom homes. It was a particularly arduous build, not just because it was very hot there, but because of the sheer amount of labor involved. "Some nights we would go back to the work site and finish up something to keep our house on schedule," says Diane. "One evening we worked with flood lights laying floor tiles."

By the end of the week, the couple was hooked. Though at the time there were about 10 projects a year in need of volunteers and each site was responsible for attracting its own crew, today the Care-A-Vanner program has a dedicated program manager who disseminates build information via a quarterly newsletter and monthly e-mail updates to interested volunteers (*www.habitat.org/rv/get_involved.aspx*). "These builds give people the opportunity to be a part of a community while they are traveling," says RV Care-A-Vanner coordinator Linda Walden.

Since hitting the road full-time, the Gravlees have volunteered on more than 58 builds in 32 states, visited countless places on the map and regularly dropped in on son Scott, who lives in Ohio with his wife, Tiffany, and their two kids, as well as daughter Brenda and her husband, Gary, and their two children, who live in Connecticut. In between builds, if they are not staying at campgrounds, they park their motor home in the driveways of friends and family for two to three days at a time to visit and explore the area.


A computer map helps guide the Gravlees on their travels

But while they surely give a lot to Habitat, they get back even more. Diane especially enjoys teaching other women building skills and watching their confidence blossom. "They come and say they're not going to be able to do anything," she says, "and all of a sudden they're putting up siding and installing baseboards."

Next year, in addition to traveling to Slidell, Louisiana, to help rebuild 21 Habitat homes that were damaged by Hurricane Katrina, the Gravlees plan to spruce up a two-bedroom house they bought in Greenwood, South Carolina. "We plan to use it as a travel base for now," Diane says, "but it will be where we settle down when the time comes." Do they ever run into the same faces? "We often see people that we've been on builds with over the years. Our Christmas card list is very long!"



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For Restless Legs Syndrome (RLS),
Also Known as Ekbom Syndrome

Read this information completely before you start taking REQUIP. Read the information each time you get more medicine. There may be new information. This information does not tell you everything about REQUIP. It does not include everything about RLS. Talk with your doctor or pharmacist if you have questions about RLS or REQUIP.

What is REQUIP?
REQUIP is a prescription medicine used to treat moderate-to-severe primary Restless Legs Syndrome (RLS). Having RLS may also be called Ekbom Syndrome. Having RLS means you have an urge to move your legs. You may also develop other feelings.

What is the most important information I should know about REQUIP?
- Patients with RLS should take REQUIP differently than patients with Parkinson's disease. See **How should I take REQUIP for RLS?** for the recommended dosing for RLS. A lower dose of REQUIP is generally needed for patients with RLS. You should take one daily dose at bedtime.
- There are known side effects of REQUIP. If you fall asleep or feel very sleepy while doing normal activities such as driving, faint, feel dizzy, nauseated, or sweaty when you stand up from sitting or lying down, you should talk with your doctor. See **What are the possible side effects of REQUIP?**
- Before starting REQUIP, be sure to tell your doctor if you are taking any medicines that make you drowsy.

Who should not take REQUIP?
Do not take REQUIP if you are allergic to the active ingredient ropinirole or any of the other ingredients in REQUIP. Your doctor and pharmacist have a list of the ingredients in REQUIP.

What should I tell my doctor?
Be sure to tell your doctor if:
- you are pregnant or plan to become pregnant
- you are breast-feeding
- you have daytime sleepiness, frequent sleep disorder other than RLS, or have experienced sleep episodes or trouble sleeping while taking REQUIP
- you are taking any other prescription or over-the-counter medicines. Some of these medicines may increase your chances of getting side effects while taking REQUIP.
- you plan to stop taking other medicines while you are taking REQUIP. This may increase your chances of getting side effects.
- you start or stop smoking while you are taking REQUIP. Smoking may decrease the effectiveness of REQUIP.
- you feel dizzy, nauseated, sweaty or faint when you stand up from sitting or lying down.
- you drink alcohol. Beverages containing alcohol may increase your chances of becoming drowsy or sleepy while taking REQUIP.

How should I take REQUIP for RLS?
- Be sure to take REQUIP exactly as prescribed by your doctor or healthcare professional.
- The usual dose is 1 tablet taken once each evening, 1 to 3 hours before bedtime.
- Your doctor will start you on a low dose of REQUIP. Your doctor may change your dose from time to time until the best dose is found for you. Your dose may be increased or decreased depending on how well you respond to REQUIP and what side effects you may have.
- REQUIP is taken once daily. The pills in this kit are packaged in the order you should take them. Start with the first pill in the kit and take one pill each day. The pills in this kit are packaged differently than your prescription bottle. Be sure to use the pills in this kit first, even if you have pills left in your prescription bottle. If you have questions about how to properly follow your dosing schedule, talk with your doctor or pharmacist.
- **If you miss your dose,** do not double your next dose. Take only your next dose at the regular time.
- Do not stop your treatment with REQUIP suddenly. If you suddenly stop taking REQUIP, you may experience symptoms such as nausea, vomiting, stomach pain, flu-like symptoms, sweating, or confusion. Your dose should be gradually reduced over 7 days. Your doctor will tell you how to reduce your dose. If symptoms return, your doctor may restart you on your previous dose of REQUIP.
- You can take REQUIP with or without food. Taking REQUIP with food may decrease the chances of feeling nauseated.

What are the possible side effects of REQUIP?
- Most people who take REQUIP tolerate it well. The most commonly reported side effects in people taking REQUIP for RLS are nausea, vomiting, dizziness, and drowsiness or sleepiness. You should be careful until you know if REQUIP affects your ability to remain alert while doing normal daily activities, and you should watch for the development of significant daytime sleepiness or episodes of falling asleep. It is possible that you could fall asleep while doing normal activities such as driving a car, doing physical tasks, or using hazardous machinery while taking REQUIP. Your chances of falling asleep while doing normal activities while taking REQUIP are greater if you are taking other medicines that cause drowsiness.
- When you start taking REQUIP or when you increase your dose, you may feel dizzy, nauseated, sweaty or faint, when first standing up from sitting or lying down. Therefore, do not stand up quickly after sitting or lying down, particularly if you have been sitting or lying down for a long period of time. Take a minute sitting on the edge of the bed or chair before you get up.
- Hallucinations (unreal sounds, visions, or sensations) have been reported in patients taking REQUIP. These were uncommon in patients taking REQUIP for RLS. The risk is greater in patients with Parkinson's disease who are elderly, taking REQUIP with L-dopa, or taking higher doses of REQUIP than recommended for RLS.

This is not a complete list of side effects and should not take the place of discussions with your healthcare providers. Your doctor or pharmacist can give you a more complete list of possible side effects. Talk to your doctor about any side effects or problems you may have.

Other Information about REQUIP
Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. REQUIP is one of the medicines used to treat Parkinson's disease; therefore, patients being treated with REQUIP should have periodic skin examinations.

A small number of patients taking medicines to treat Parkinson's disease, including REQUIP, have developed a problem with gambling. It is not known if this problem is directly related to the medicines or is due to other reasons. If you or your family notices that you have an unusual urge to gamble, talk to your doctor.

- Take REQUIP exactly as your doctor prescribes it.
- Do not share REQUIP with other people, even if they have the same symptoms you have.
- Keep REQUIP out of the reach of children.
- Store REQUIP at room temperature out of direct sunlight.
- Keep REQUIP in a tightly closed container.

This leaflet summarizes important information about REQUIP. Medicines are sometimes prescribed for purposes other than those listed in this leaflet. Do not take REQUIP for a condition for which it was not prescribed. For more information, talk with your doctor or pharmacist. They can give you information about REQUIP that is written for healthcare professionals.

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When he finishes the job...

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He Isn't If he glances around the room and says, "Looks good to me. Let's call it a day."



When you ask for an explanation of the problem...

He Is If he gives you a clear and detailed answer.

He Isn't If he says he'll need to speak to his "supervisor" before answering any questions.

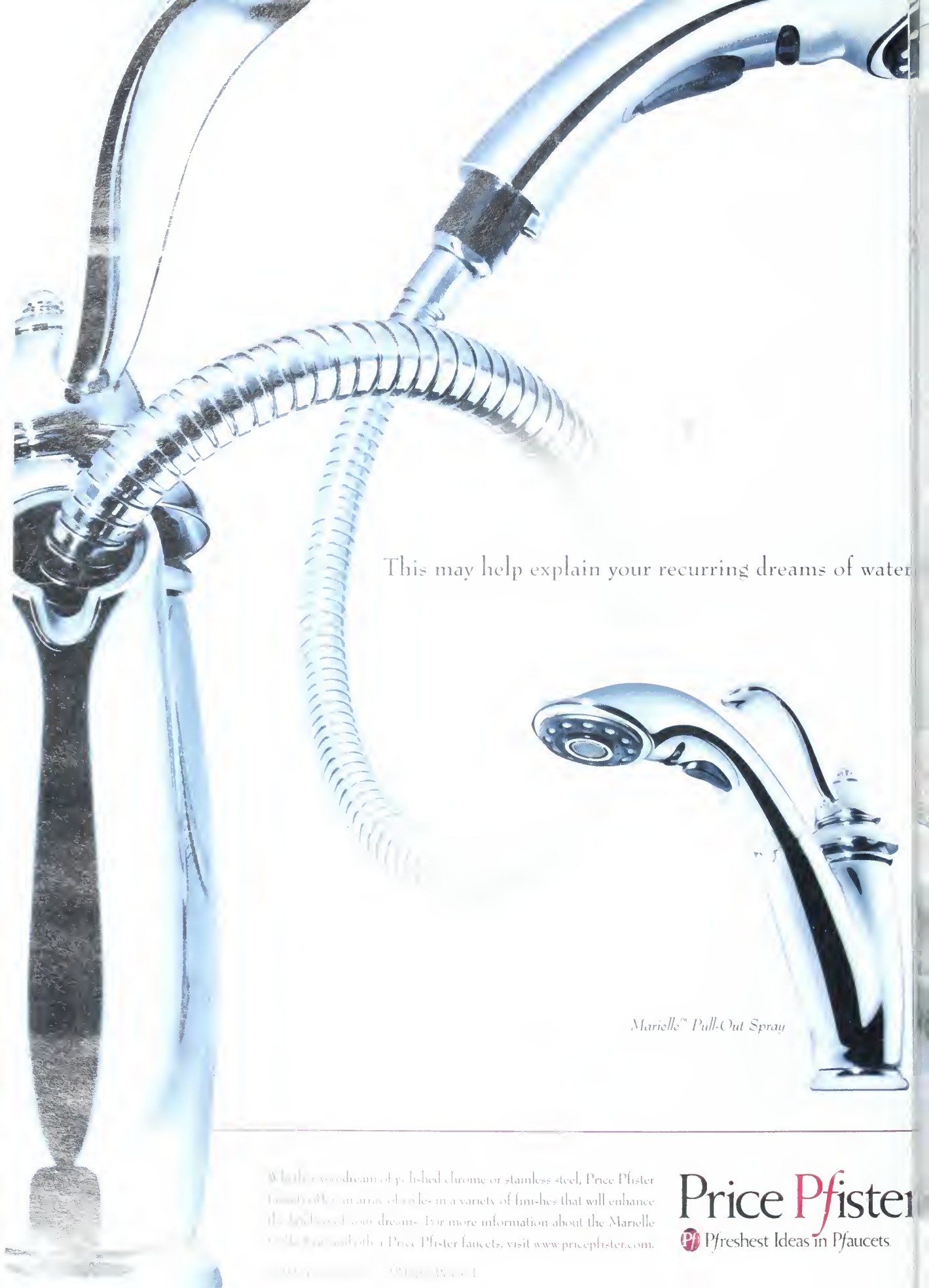
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Maximize your home's square footage by putting every inch to work. Here, creative and cozy ways to put those nooks and crannies to use

Every house has one or two quirky spots—that hollow space under the stairs, the odd shaped alcove in a hallway, a sloped ceiling attic. Figuring out what to do with these spots can prove puzzling, so curious spaces often wind up empty and unused. Or the exact opposite happens, and they become the places where you squirrel away stuff you can't seem to let go of, like those teetering stacks of well thumbed magazines or boxes of out of season clothes you keep meaning to sort through. But even the smallest of spaces can be made stylish and functional with just a little daylight and some serious clutter removal. A few tried-and-true tips: Look for small-scale pieces of furniture, such as a shallow corner cabinet for a narrow front hall, or ones that do double duty, like a cushioned bench with hidden storage underneath. Or choose pieces that can be adjusted to fit the space you have, such as a stacked-cube bookcase or a set of nesting tables. And remember, just because a space is small doesn't mean it can't have big personality. As you would with any other room in your home, warm those spaces up with layered textures, charming patterns and harmonious color combinations.

CONTINUED





In a quirky space, opting for one large piece instead of several smaller ones avoids visual clutter. This elegant antique daybed nestled into a shallow nook makes the perfect lounging getaway.



This otherwise-ho-hum little corner gets a jolt of energy with a few well-placed bold-colored pieces. A small-scale armchair and ottoman pair up to create a snug reading area, and a lime-green storage cube turned side table makes the perfect, portable accent.



Don't have an entire room to devote to your crafts projects? A narrow writing desk nestled into a corner of the living room can be the next-best solution. Here, short curtain rods hung on the wall above hold glass jars filled with supplies, and cheerful, checked Roman blinds finish the look.

CONTINUED



A simple built-in window seat makes this stair landing a place your family will want to linger. You can achieve the same feeling on your own landing with freestanding benches or slipper chairs placed under a window or next to a wall.

Where to Find It, page 138



The open, low-slung design of West Elm's S-shaped bookcase allows it to slip into tight spots; $249



This bench from Spiegel does double duty with a handsome sliding wicker storage drawer beneath the cushion; $249



The bold-hued EVA storage stools from the Container Store are composed of a lightweight, durable foam, making them ideal as portable seating or side tables; $79 each



Perfect for folks without a separate home office, Ballard Designs' Winston Desk fits snugly into a corner; $499

Get the Look

Make the most of your home's small spaces with these clever pieces

This twin sleigh bed from Pottery Barn Kids makes a great daybed—just top with oversized throw pillows at either end; $699



Small in scale and vividly patterned, the Maxine chair from Store-house makes an oversize statement; $749

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Finally, a Shine That Last

Miracle Polish Ends Struggle With Tarnishing Metals. By D.H. Wad



Lately, I have noticed quite a few newspapers and magazines praising a polish formulated by a homemaker. The articles report that Donna Maas grew frustrated with rubbing and scrubbing her silver, brass and other metals only to see them quickly become dull and tarnished again. Determined to put an end to her constant battle with tarnish, Donna formulated a metal cleaner and it's transforming the industry.

Anita Gold, nationally syndicated columnist and expert on the restoration of antiques calls MAAS (named after its inventor) "The best and most amazing polish in the world." Ms. Gold wrote in her column, "A truly miraculous polish referred to as "miracle polish" that'll turn the most disastrous pieces into the most de bright-ful is MAAS Fine Polishing Creme For All Metals, which cleans, restores, preserves and polishes to perfection any brass, copper, chrome, silver, stainless steel, aluminum, gold or any other metal with amazing results - no matter how badly stained, spotted, discolored, blood-damaged, weathered, dirty, dingy, drab, or dull they may be."

Since I had an old brass lamp in desperate need of restoration, this journalist decided to put MAAS to the test. The lamp had been stored in the garage and was in far worse condition than I remembered. I was flabbergasted as I watched the polish wipe away layers and years of tarnish. Never have I used anything so easy. The lamp actually looks better than when I purchased it. Better yet, months later it's still gleaming!

The polish worked so effortlessly I decided to refurbish my mother's antique brass and copper cookware. The badly stained pots and pans developed black spots that had been impossible to remove. MAAS wiped away years of built-up residue even from the most discolored pieces. Within minutes I restored MAAS' magic to stainless steel [illegible] Today the [illegible] under the [illegible]

The **Good Housekeeping Institute** recommends MAAS for restoring heavily tarnished heirlooms stating, "MAAS cleans best and gives lasting results." The Miami Herald says, "Polishing product can renew old silver." And The Chicago Tribune headline sums it all up by proclaiming "One Amazing Polish Is The Best At Everything."

How did a homemaker come up with something the industry's experts couldn't? The reporter in me had to find out.

During our interview Donna explained, "I enjoy the warmth that beautifully polished metals add to a home. However, not the hours it took to keep them tarnish free. The harsh cleaners left my hands dry and burning - one instant silver dip smelled so bad I felt sick. When I read the label, I discovered it contained cancer causing ingredients. I never realized I was using a dangerous substance on my silverware - I serve food with it! That's when I became determined to find a better way to care for the metals in my home."



And that she did. Her formula developed with a chemist friend, has a mild scent and feels like a hand cream. It's non-flamable, highly concentrated and leaves a deep, rich one-of-a-kind luster beyond anything I've ever seen.

"To my surprise," Donna reveals, "the formula far exceeded my original goal. MAAS completely renovated a sun-damaged fiberglass boat, removed residue from glass fireplace doors, polished up clouded crystal and glass vases, wiped scuffs and stains from linoleum, plastic lawn furniture... it even reconditioned a Plexiglas windshield. The restorations were so remarkable everyone suggested that I sell my invention on television."



Donna sent samples of her polish to televised shopping channels and both QVC and Home Shopping Network asked Donna to personally appear on TV to demonstrate her product. Within minutes of Donna's appearance the phones lit up with hun waiting on line to place their orders. As as viewers saw how effortlessly removed tarnish, stubborn spots, and from the piles of badly oxidized meta stage - MAAS hit big time. 17,000 vi called during MAAS' debut and e performances quickly brought a m dollars in record-breaking sales.

Sheila Oetting in Florida wrote saying, "Thank you, for a won product! Family treasures with 30 of tarnish, grime corrosion are gleamin so thrilled to see beauty that had hidden all those year Leona Toppel, about to throw a brass chandelier. amount of elbow could shine it up. With little effort (a big plus s suffer from arthritis) MAAS that chandelier look like ne been years and to every surprise it's still glowing."

Boeing and McDonnell D tested and approved the polish for use aircraft. The U.S. Air Force, Army, Navy, Guard and Department of Defense worl have ordered MAAS. If every branch military is using this polish to pass inspe imagine what it will do for your home.

"MAAS outperforms every cle product I've tried," Donna beams with sa tion. "So if you're as tired as I was of cle metals just to see tarnish reappear weeks later, MAAS it!"

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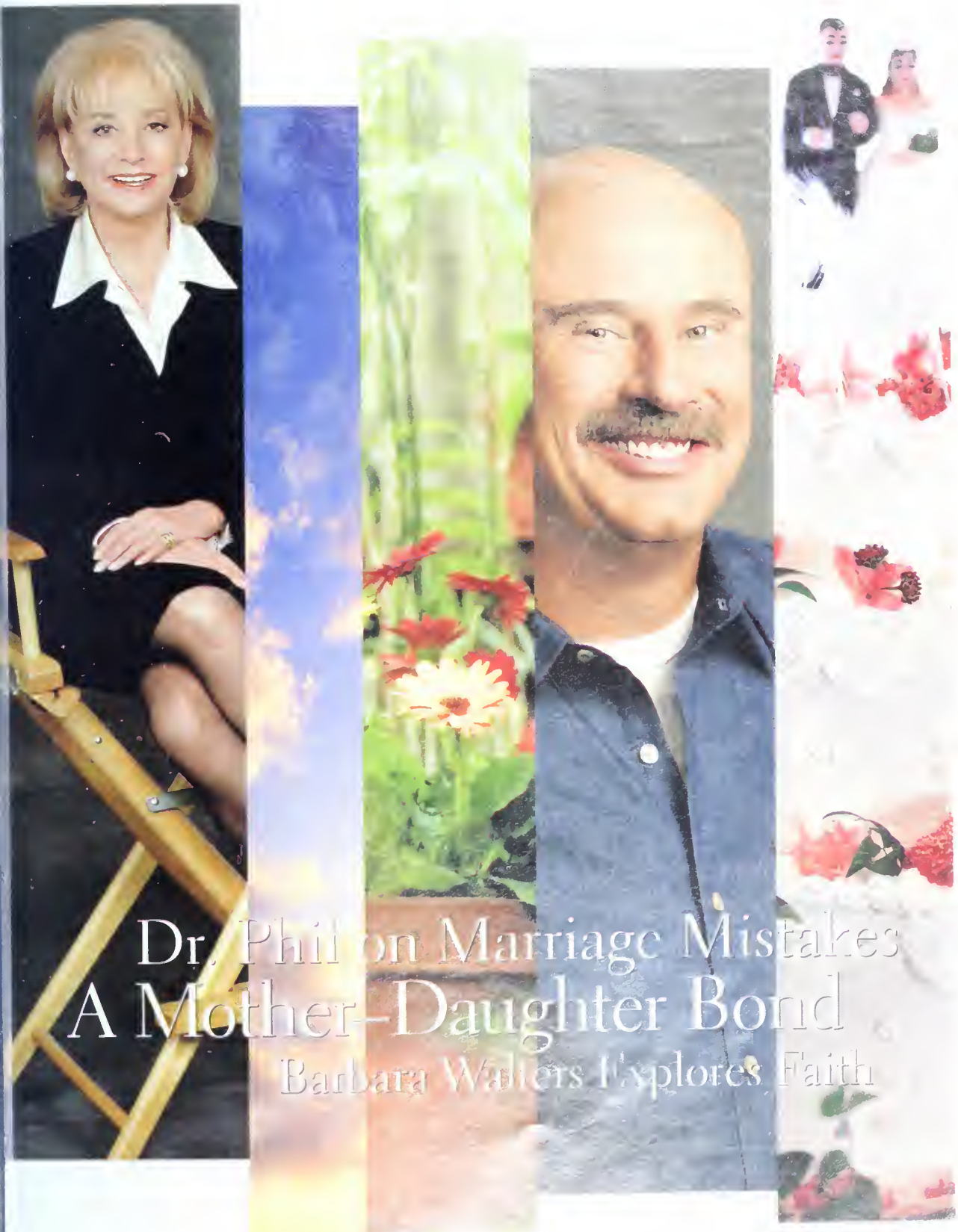
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Dr. Phil on Marriage Mistakes
A Mother–Daughter Bond
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In his new book, **Dr. Phil** advises wives to stop acting like their husbands' mothers, be truer to their authentic selves and face facts on not getting everything you want.

Real (Not Sugar-Coated) Secrets to a Happy Marriage

BY PAULA CHIN

Not that he would admit it, but on the day we meet for an interview, the usually indefatigable Dr. Phil McGraw has finally run himself ragged. He's had a whirlwind of TV guest spots, including filling in as host on *Larry King Live*. That's come on top of the demands of his daytime talk show, which took him to flood-ravaged New Orleans, where he counseled traumatized rescue workers and literally provided a shoulder to cry on. Now he's treating himself to a little R&R by attending tennis matches at the U.S. Open, in New York City, but he just can't seem to unwind. What's a big, tough-talking self-help guru to do? He calls his wife, Robin.

"Phillip said he was feeling a little blue after seeing all the suffering in New Orleans," Robin tells me later. "He asked if I would fly out to be with him." Robin was on the first flight out of Los Angeles. When she shows up, Dr. Phil claims the visit was *her* idea.

He can be forgiven his little white lie. The private Dr. Phil is a man who feels comfortable asking for love and support when he's feeling needy—and he knows that his wife will be able to give them. As he explains in his new book, *Love Smart: Find the One You Want—Fix the One You've Got*, such trust is one of the essentials of a healthy union, both for dating couples as well as the long married. Returning in part to the subject matter of his 2000 best seller, *Relationship Rescue*, and to his roots as clinical psychologist Phillip C. McGraw, Ph.D., he has distilled two decades of counseling experience from his private practice in Texas into a no-nonsense guide to finding the right person, creating a true connection and sustaining love and respect over the long, difficult road that is marriage. Given the country's perennially high divorce rate, which hovers around 50 percent, it's advice both singles and marrieds are presumably hungry for.

When he isn't busy with his talk show, now in its fourth season, Dr. Phil, 55, loves spending quiet time with Robin, 52, at their palatial Los Angeles home, as well as getting CONTINUED



"It's a huge challenge to be able to say, 'I am happily married,'" says Dr. Phil, relaxing at home with the newest addition to his family, 2-year-old Maggie

together for golf or tennis with sons Jay, 26, also an author (*The Ultimate Weight Solution for Teens*), and Jordan, 19, a freshman at Southern Methodist University, in Dallas. Dr. Phil recently spoke about the importance of establishing a respectful relationship right off the bat, how early problems presage later conflicts and how to mend a marriage that has gone astray.

Q: What's the most common mistake women make, both before and after saying "I do"?

Dr. Phil: Many women try too hard to be a good sport. They tell their partner what he wants to hear and try to be who he wants, in a go-along, get along sort of spirit. But by pretending you're one way when you're not, you betray yourself and your partner, and if you end up getting married he's going to feel deceived.

There's another reason why being over-accommodating is absolutely the wrong approach, and I'll tell you why in two words: his mother. She's the most significant woman for any man until he gets married, and even then she's the "other woman" in his life. Mom has nurtured and probably spoiled him, so women inherit a guy who's used to being taken care of and waited on hand and foot. As a result women have to stand up for themselves and redefine the relationship. They've got to tell their husbands, "Hey, I love you, care about you and want to be with you, but I'm not your mother, and this has to be more of a partnership."

The other fact is that a man loves and respects his mom because she has given him guidance and direction. Guys won't admit it, but they secretly like a lot of guidance and direction from the women in their lives. So to be truly effective with your man, you've got to decide who you are—your strengths and your weaknesses mentally, physically, spiritually and personality-wise—and ride that horse all the way to the finish line. We all need to be flexible and to compromise in marriage, but you've got to be true to your core traits and characteristics, what I call your authentic self.

Q: What about you personally? Have you been able to follow your own advice?

Dr. Phil: When Robin and I were dating, she called me one time and said, "I want to go to my sister's house. Will you take me up there?" I said sure, 'cause I wanted to be the good guy, right? Now the truth is, I ain't big on family. I love my family and spend time with them, but I believe in having my own life and doing my own thing. And I sure wasn't big on her family. I mean, my idea of a good time wouldn't be to drive 100 miles to sit in her sister's house with their kids running around on a Saturday afternoon. I'd rather take a beating. It's nothing against them—I hadn't even met them—it's just not my thing.

So I thought about it for about 10 minutes, then called Robin back and said, "I ain't taking you." And she said, "Why not?" And I said, "'Cause there's no point in doing stuff n that I'm not willing to do later, an won't be willing to do that later. If y want to see your sister, go ahead, a I'll see you when you get back. A I'll tell you what, I won't ask you to hang out with my sisters, either." Robin loaded up the car and off s went. Now I've been to her siste house once in 30 years. I know th and like them and they're good, dow to-earth people. They're certainly w come in my home, but I still do want to go spend the weekend ther just don't want to be around in-law

Q: *Whoa*, now that's frank. Has Rob been equally assertive?

Dr. Phil: Very much so. One of t things she's really had to do in o marriage is stake out her turf as woman in a house full of men. Wh both our boys are home, she ofte times just calls a time-out and say "Hey! Girl in the room!" She has c tain rules—you don't leave tools muddy shoes out or stereotypical boy stuff sitting on the kitchen tab She's been very tough about prote ing her environment so we all beha like gentlemen.

Q: But despite our best intention we're often not honest with ourselv about our own needs, let alone wi our significant others. What's t consequence of that?

Dr. Phil: The problem is that y create expectations you can't fulfi And the research is very clear: Wh creates the biggest problem in ma riage is not what happens once you in it, it's whether it conforms to wh you expected to happen. You want go into it with your eyes wide open.

Q: Not an easy thing. What sorts expectations do the most harm?

Dr. Phil: First off, I think there's a la of real reverence for what's involve They say that nine out CONTINU

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of 10 businesses fail in the first year for two reasons—underestimating the commitment it takes and the capital it requires. With marriage, it's the same thing. When you're merging two lives, there's going to be a pretty constant pain of adjustment no matter how well suited you are. You're sharing space, time, energy and money. You've got in-laws, kids, religion—all of these real-world issues—that you have to consult each other about. And you go, Wait a minute, this ain't what I thought it was going to be so it must be wrong. No, no, no, it's not wrong—it's just different from what you expected.

Marriage is not a long date. It's a partnership. Partnerships involve give-and-take and sacrifice. Men are really bad about understanding this.

Q: Many people say that when it comes to marriage, they're seeking nothing less than a soul mate. Is that asking too much?

Dr. Phil: What's a soul mate? It's just a term somebody made up, and with it comes some pretty mystical expectations. I've long believed that if you're looking for that perfect partner you're making a big mistake. If you can find an 80 percent fit and hope that you'll grow together on the other 20 percent you'll find happiness a lot quicker. You wait for a 100 percent partner and you're going to be looking a long time, maybe forever. But if you're okay on the core issues—children, careers, division of labor, religion, handling in-laws—then you jump in and handle the other things as they come along.

Q: Do you think expectations for marriage today are more or less unrealistic?

Dr. Phil: I think people's ideas about marriage have been pretty static, but the times have changed. We've now got a double-income society where some 70 percent of husbands and wives are both working, and families have adjusted their lifestyles accordingly. So if one parent drops out and stops bringing home a paycheck, there's tremendous financial pressure. The number one complaint divorce attorneys hear about is money pressure. Unfortunately, couples get into dire straits and turn on each other. They're not working on the actual problem—they're venting frustration and fear at each other.

Q: Your elder son, Jay, recently became engaged to Erica Dahm, an ex-*Playboy* playmate. Have they followed your advice?

Dr. Phil: I think Jay and Erica have been very authentic in what they value in their relationship thus far. They started as most people do by going on dates where they were all spruced up and putting their best foot forward. I've often said you should never marry anybody until you've seen each other miserable sick with the flu. They've been together long enough—more than a year—and they have.

Q: How significant a role does physical attraction play in finding and staying with a mate?

Dr. Phil: Well, it's an old truth that men fall in love with CONTINUED

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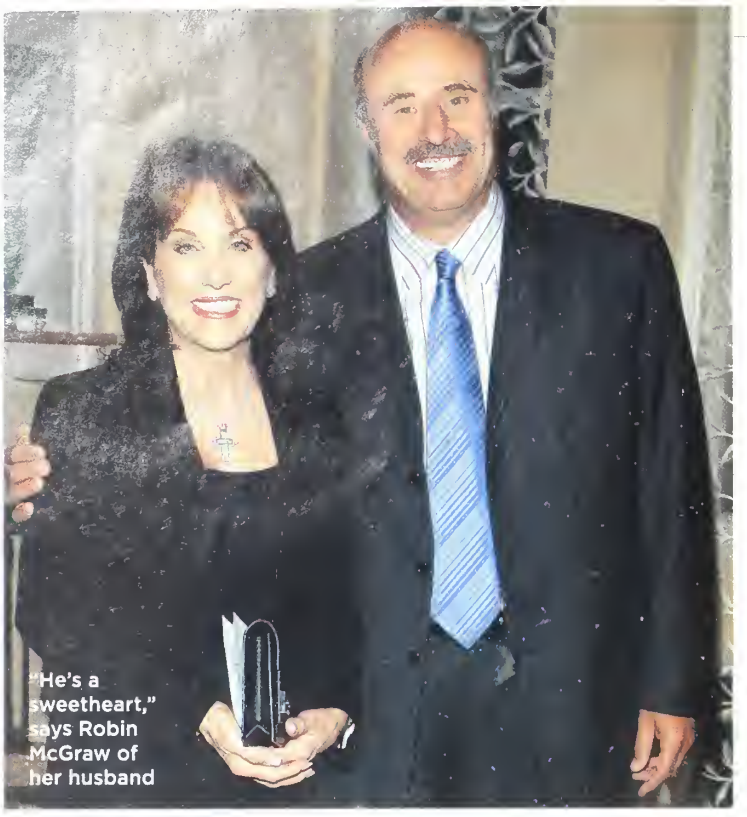
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Scenes From Dr. Phil's Marriage



"He's a sweetheart," says Robin McGraw of her husband

On the show *Dr. Phil*, she's there backstage, in the audience, and by her husband's side at the end of every taping, when they walk offstage hand in hand. In both her public and private life, Robin McGraw has devoted herself to standing by her man. We recently asked her to reveal the private Phil she alone knows.

Q: Who is the real Dr. Phil? Does he practice what he preaches?

Robin: He really does. He walks the talk. When we started dating, we made a point to find out if we could meet each other's needs. We were very honest with each other. He told me, "I like to work, I'm driven, and I like to be focused on goals and achieve them." I needed a man I admired and respected, and though I believe I was put on earth to be a wife and mother, I said I'd work full-time to support his dreams until we could afford for me to be a stay-at-home mom. It was a deal. And that's pretty much what happened.

Q: But he couldn't have been perfect.

Robin: Phillip was very serious when we met, and I told him he had to lighten up and have fun. If it hadn't been for me, he'd be serious all the time. But even now, his inability to slow down really drives me nuts.

Q: What was the toughest period?

Robin: Honestly, we've never had a difficult time in the 29 years we've been married and the four years we dated before that. And he's always been a great dad.

Q: How does he take care of you?

Robin: He's very appreciative of who I am and what I do for our family, and actually tells me all the time. He supports my endeavors because he trusts my ability. And he would never tell me what to do.

Q: Is he romantic enough for you? When do you find him the sexiest?

Robin: When I tease him and make him laugh. And I can really give it to him sometimes. But he loves it because it's a total emotional release.

Q: Your marriage seems blessed.

Robin: I'm a very spiritual person and believe that God gave us as gifts to each other. You know, the real Dr. Phil is just like a puppy. He's got the most gentle heart and spirit of anyone I know.

---

their eyes and women fall in love with their ears. Beauty does hook a guy at first, and I think this is genetic—men, we're the hunters, watching for movement and color. I think that's why guys are so fast with the remote control. You know—move, move, action, action—I think we're hardwired that way. But physical attraction won't sustain a relationship. What will sustain a relationship is personality: the spirit, the compatibility, the complementary nature between man and woman.

Q: What if the wife outearns the husband? It's increasingly common, but still a very touchy issue.

Dr. Phil: There are a lot of smart, capable, energetic, self-sufficient women out there—and many men are hugely intimidated by that, especially if she makes more money, which makes him feel he has nothing to offer her. In a healthy marriage, the woman is able to say, "No, I don't need your money, I don't need your financial support, I don't need you to prop me up in life, but I do need your love and companionship." She can be competent in all those ways and yet convey to her husband that he has a lot to offer her because she feels good when she's around him—she has a sense of belonging and feels emotionally nurtured.

That's particularly important where one partner continues to grow career-wise in a marriage and the other doesn't. It's important to say I need you for things that money can't buy.

Q: Much of your advice is directed at wives, telling them how CONTINUED

VYTORIN treats the 2 sources of cholesterol.



FOOD



FAMILY

ou probably know that cholesterol comes from food. But hat you might not know is that your cholesterol has a lot do with your family history. VYTORIN treats both sources cholesterol.

healthy diet is important, but when it's not enough, adding /TORIN can help. VYTORIN helps block the absorption of olesterol that comes from food and reduces the cholesterol at your body makes naturally.

clinical trials, VYTORIN lowered bad cholesterol ore than Lipitor alone. VYTORIN is a tablet containing wo medicines: Zetia™ (ezetimibe) and Zocor (simvastatin).

Important information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So, tell your doctor about any other medications you are taking.

[illegible] more, call 1-877 VYTORIN or visit vytorin.com. Please read the Patient Product Information on the [illegible].

[illegible] in cholesterol-healthy diet, and ask your doctor about [illegible].

Patient Assistance Program

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find out if you [illegible]

Merck Schering-Plough Pharmaceuticals [illegible]
TORIN and T[illegible]
the trad[illegible]

VYTORIN®
(ezetimibe/simvastatin)
Treat the 2 sources of cholesterol.

VYTORIN® (ezetimibe/simvastatin) Tablets

Patient Information about VYTORIN (VI-tor-in)
Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant. Do not use VYTORIN if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.
- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and muscle pain (see What should I tell my doctor before and while taking VYTORIN?).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (tablets that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away), and rash; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on VYTORIN. This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmellose sodium NF, hydroxypropyl methylcellulose USP, lactose monohydrate NF, magnesium stearate NF, microcrystalline cellulose NF, and propyl gallate NF.

Issued November 2004

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y can be proactive in their mar-
ges. But many women resent
ays having to shoulder that
den. Why can't men step up to
plate?

Phil: It's not that it's the wom-
who needs to do it, they just
pen to be my main audience. If
want to wait for your husband
get smart because you don't
t to be proactive, it's okay with
But if you want to fix your
blems now, which is what wom-
are telling me, then I'm going to
you what you have to do. It
sn't mean that women should
e to. It doesn't mean it's fair.
it's what will get results. And
matter who takes the initiative,
kes both husband and wife to
k things out. But I'd say the
ct same thing to men—and I do
en I talk to them.

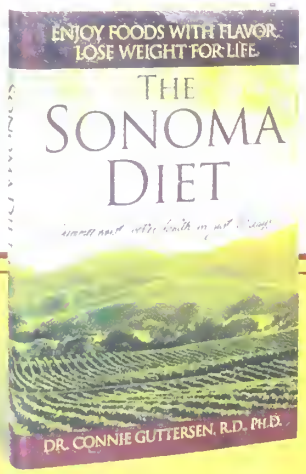
How hard should you fight to
e a troubled marriage? When's
time to bail out?

Phil: That's different for
ry couple, but overall people
America quit too soon. It's
gh enough to make a marriage
k when both people are lean-
way forward, so to speak. If
of them is leaning back, then
've really got a problem. And
re are some drop-dead deal
akers: physical abuse, drug
liction, things of that nature.
aside from those, you've got
work on it. Too many people
divorcing these days around
two-year mark, saying mar
ge just wasn't what they expect
and they're worn-out. I'd like
re of them to just hang in there
l wait for that next peak down
road.

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Now available [illegible] sold and [illegible]



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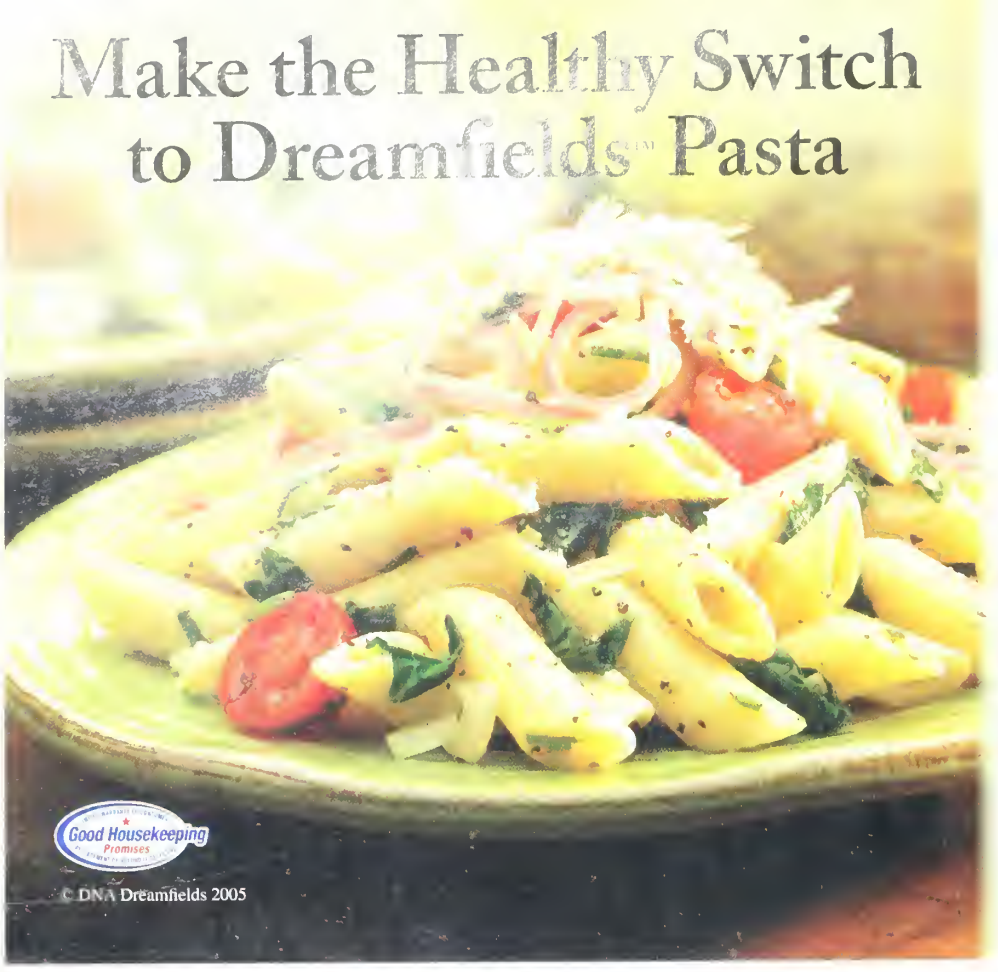
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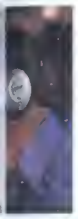
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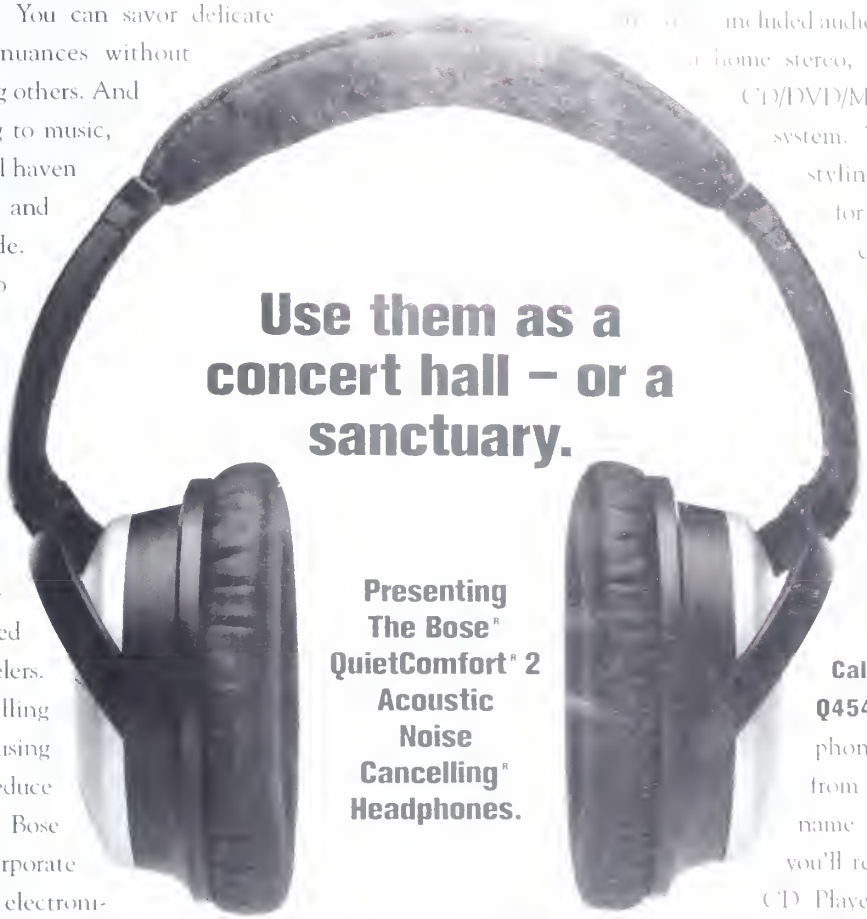
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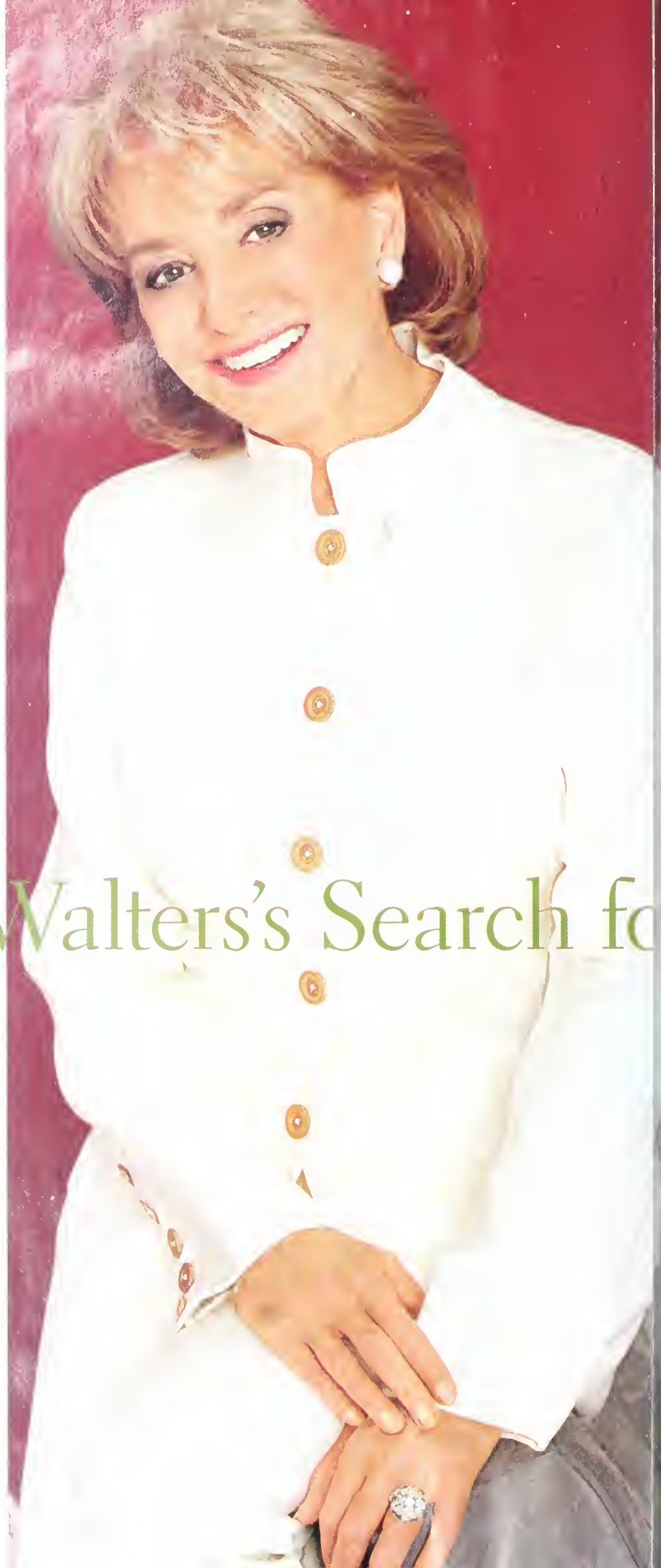


The Queen of Questioners gives personal answers to what she prays for, why reincarnation intrigues her and how she chose the subject of heaven for her new special

Barbara Walters's Search fo

We're used to seeing her hobnob with movie stars and world leaders, but this holiday season Barbara Walters has set her cap at an entirely different angle as host of her special, *Heaven: Where Is It and How Do We Get There?* slated to air on ABC December 20. Walters and her crew interviewed prime experts around the world on Christianity, Judaism, Islam and Buddhism to portray the many views each religion has of heaven. She also spoke to people who say that they've glimpsed the afterlife—everyone from a 15-year-old California housewife to former President

BY ROBERT V[illegible] PLOE



ll Clinton. "The need to believe that
ere's a better, safer place like heaven
almost universal," Walters says.
Still, she knows that with a delicate
bject such as this one, feathers are
ry likely to be ruffled. "Some people
e going to be offended!" Walters pre
cts cheerfully. Not that that would
er bother her. Her 10-plus year
reer has often been punctuated by
ntroversy—and that's good news for
woman who was the country's first
male network news anchor and co
st of ABC's news magazine *20/20*.
nese days Walters is more than hap
to appear on five specials per year
d pop in on *The View*, the juggernaut
ytime talk show of which she is both
-owner and co-executive producer.

oberta Caploe: What drew you to
e subject of heaven?
arbara Walters: In recent years,
ere's been such an interest in spiritu
ty in part because of the success of

Meaning

ooks like *The Da Vinci Code* and *The*
ve People You Meet in Heaven. And we
ere sitting around talking about the
ct that there's this enormous need to
now about an afterlife.
C: You interviewed an incredible
nge of people, everyone from an
vangelical pastor and Maria Shriver
a failed suicide bomber and a
neticist. What was the most unex
cted thing you heard?
W: There were things that surprised
e, in a sense, and amused me, like
e whole business of the 72 virgins
ho are created for men. [EDITOR'S
OTE: This refers to a suicide bomb
er's belief that upon martyrdom he will enter Paradise and be greeted by 72 virgins.] But what I felt was the most [reward awaits] was the promise to went to heaven. There was no thought given to that. And in the Christian religion, the idea is to live a pure life that's happy and content without sex. According to Islam expert Imam Feisal Abdul Rauf, sex for Muslims is part of the joy of heaven.
RC: You were really taken with the Dalai Lama, weren't you?
BW: I had heard people talk about the feeling you get by being near him, the simplicity in his conversation, that wonderful giggle . . . he doesn't just shake hands. He puts one hand over the other. At the end of my interview with him—and I never do this—I asked if I could kiss him because I was so moved. And he said yes, so I did!
RC: And the effects of meeting him stayed with you?
BW: Afterward my producer and I were just wonderful to each other and everybody else. We didn't have a jealous thought, and we were kind and compassionate for three days. Then we began to get e-mails from New York asking "what about this?" and "what about that?" The kind of ambition you see in my business does not breed warmhearted ness.
RC: Where do you personally turn to all this? You were brought up in a Jewish household, right?
BW: Well, my [parents] were Jewish. But my father was an [agnostic] and was an [atheist]. I had no religious education.
RC: Did you [go to synagogue]?
BW: No.
RC: Did you [celebrate] holidays?
BW: No.
RC: Did [you have a Christmas tree]?
BW: Well, we ate bagels! Actually, my mother used to light candles on the Jewish Sabbath. The reason Friday night was important was that that was when my father would come home early from his nightclub or his Broadway show. I also didn't go to Sunday school because my older sister, who was retarded, didn't go to Sunday school, so I didn't either.
RC: Did doing this TV special make you believe in an afterlife?
BW: I don't know. But when I'm on a plane I always pray. I thank God for my blessings and ask for a safe trip.
RC: What about heaven?
BW: Do I believe that I am absolutely going to go to a place where I'll be reunited with my family and it's all going to be beautiful and peaceful? I'm not sure. If I believe in anything, I'm inclined to believe in reincarnation because it can explain people's misery—that you were not great in your past life. Otherwise it's just too hard to understand why children are born blind or deformed or retarded. The reason I feel that is to accept what happened to my sister—that maybe it would be better for her the next time. But we were very careful not to express our beliefs in this special.
RC: Do you feel that you've become more spiritual?
BW: I don't know that I've become more spiritual, but I approach each day with more reverence, in terms of [trying to] make other people happier and making myself happy, too.
RC: What are the benefits of having more time to yourself?
BW: [I think it's more of an attitude.] At this point in my life, I'm [a bit more reflective]. But that doesn't mean I won't [decide to do something else] to [shake up my life].



Becky Douglas at home near Atlanta

A Legacy of Love

After her daughter Amber's suicide, Becky Douglas discovered she had been secretly sending money to an orphanage in India. Now Douglas has found a measure of peace by dedicating herself to the same cause

BY CAROLE TOWNSEND

Becky Douglas would be the first to tell you that her children are her life. Their photographs are everywhere in her sprawling home outside Atlanta, and the 53 year-old mother of nine is only too happy to recount stories about each one. Pausing in front of a picture of her 17-year-old, Esther Douglas tells how she and her husband, Johnny, an attorney, offered a home to the foreign exchange student after she had moved here, in 2002, from India. Jolanta, 18, and her brother, Thomas, 15, she points out, were Lithuanian orphans whom she'd heard about from a close friend. "I'm a soft touch," says Douglas, a professional violinist. "We have a large home and a large income, and adopting just felt like the right thing to do."

Then she comes across a portrait of Amber, her eldest child, and a hint of sorrow dims her natural exuberance. "She was such a great kid, so compassionate and alive," Douglas says. "She was a good student and was a youth leader in our Mormon church. Everyone loved to be with her." That, she adds, was before Amber became manic depressive in her late teens and began suffering from severe mood swings; it was in the grip of a debilitating depression CONTINUED

Pine Sol
THE POWERFU

that she committed suicide, nearly six years ago at 24.

But even in death Amber was an inspiration. While Douglas was sorting through her daughter's belongings, she discovered that Amber had been sending money to an orphanage in India. "I had no idea she'd been doing it," Douglas says, "but I wanted to help, too. It was a way of staying connected to her."

She began raising funds for the home and eventually visited India, where she was so moved by the plight of the poor that in 2002 she launched her own nonprofit group, Rising Star Outreach (RSO), which provides medical care and also builds schools and housing for some of that country's youngest and neediest cases. "Amber always sympathized with the underdog, probably more so because of her illness," says Douglas, whose extended family now includes hundreds of needy Indian children. "Thanks to her, I'm doing good for others. It's been very, very healing."

Douglas describes Amber as a sensitive and emotional child who began behaving irrationally at around 16. She started mutilating herself by cutting her arms and tried repeatedly to kill herself by overdosing on painkillers. Diagnosed with bipolar disorder at 18, Amber was put on medication and enrolled at Utah Valley State Community College, in Orem.

But her mood swings continued, and she was in and out of psychiatric hospitals over the next five years. She had also claimed she was involved in a tumultuous on again, off again relationship with a married professor. On February 1, 2000, Douglas received the devastating news that Amber had parked her car in the driveway of the professor's home, blocked the exhaust pipe and asphyxiated herself.

"Her death was so horrible, I was in complete shock," says Douglas. After realizing that Amber had been sending part of her monthly college expense money to Belmont Children's Home, in Chennai, India, an orphanage for 5- to 18-year-olds, Douglas learned that Amber was told about the place by a friend from college whose mother raised funds for the home. So when the Douglases held a memorial service for their daughter, they asked friends and family to donate money to the orphanage in lieu of flowers. The $4,000 they sent so impressed Belmont's board of directors that they invited Douglas to join. She accepted, and in November 2001 flew to India for a two-week visit.

A two-story mud-brick and cement building, Belmont was modest, but

The poverty she encountered in India scared Douglas at first—then fear gave way to compassion

the children there were happy and well cared for. The other orphanages Douglas visited, however, which provided no medical care, education or affection, left her in despair. Even worse was the wrenching poverty she encountered on the streets—beggars, people with leprosy and the lame. "Here I was, this little housewife from Georgia so repulsed by these people and their illness that I couldn't even look at them," she says. "I can admit it now, but I'm not proud of it." But by the end of her trip, fear gave way to compassion.

When Douglas returned to Atlanta, she and three close friends decided to start RSO. They invited dozens of people over for a slide show in the Douglases' living room, setting their sights on raising $20,000 that first year. Instead, they raised $250,000, thanks to individual donors, foundations and schools, one of which pledged $60,000 to build a new orphanage.

With more than $1 million in funds, RSO now supports two homes for children who have been abandoned or come from families affected by leprosy. It also helps out 31 leper colonies, supplying clothing and food as well as loans to help the people there buy livestock and farmland and become self-sufficient (for more information, visit *www.risingstaroutreach.org*).

Last year RSO also began operating a mobile medical clinic for lepro patients and started construction on a boarding school that will house 75 children from leper colonies. Douglas, who is no longer affiliated with Belmont, travels to India as often as five times a year, leaving John to care for their younger children. (In addition to Esther, Jolanta and Thomas, there are Michael, 15; Alex, 18; Chip, 20; Scott, 23; Jay, 26; and Dianna, 28, no longer live at home.)

Douglas is grateful every single day for how her work helps ease the pain of losing Amber. "The worst moments are at night, after the children are in bed and the house is quiet," she says. "But I believe Amber's in a place where there's no more sickness or sadness. I believe she knows what we are accomplishing—and that it makes her happy."

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Healthy Hugs

Better Mammograms

Vitamin C and Colds

Ask the Doctor

Q: [redacted]



DR. MARIANNE LEGATO: Numerous studies have found that vitamin C does ease the intensity of such cold symptoms as muscle aches, a runny nose and a cough by about 23 percent. Vitamin C has also been shown to shorten a cold's duration by anywhere from a few days to a week. Whether it prevents colds has been harder to establish. Although most research shows it doesn't, one randomized study did find that ultramarathoners—whose immune systems tend to be weaker after a race—who downed 600 milligrams of vitamin C daily didn't catch as many colds as runners who didn't take any at all.

Here's my recommendation: It can't hurt to take a daily vitamin C supplement, particularly if you tend to catch colds. If you do come down with a cold, it's probable that you'll recover faster and not be as bothered by symptoms. Taking 200 milligrams is enough (despite what the marathoners did) since any extra is excreted in urine. Though orange juice is rich in C, don't rely on it. Vitamin C content can vary widely, depending on the oranges used and how long the juice has been in the carton.

Marianne Legato, M.D., medical adviser to *Ladies' Home Journal*, is the founder and director of the Partnership for Gender-Specific Medicine at Columbia University

A Newer, Better Mammogram

Digital photography has revolutionized the way we take pictures, and now it's changing the way radiologists examine breast tissue. A recent study of nearly 50,000 women found that a digital mammogram can detect 15 percent more cancers than a traditional X-ray mammogram in women who have dense breasts. Dense breast tissue, common in premenopausal women, has more glandular and connective tissue than fat. Both cancer cells and dense tissue are seen as white on traditional film, says lead investigator Etta Pisano, M.D. A digital mammogram, however, allows the radiologist to manipulate the image on a computer and adjust the contrast, making it easier to identify suspicious areas. If you are under 50, have dense breasts (ask your doctor) or still get your period, a digital mammogram might be right for you. The technology is not yet widely available, so ask your doctor or local hospital to refer you to a facility that offers it. If there isn't one nearby, continue to get a traditional mammogram, which still detects up to 90 percent of breast cancers. *—Kimberly Papa*



A HUG FOR YOUR HEALTH

Want a quick way to boost your heart health? Ask a loved one for a hug. Researchers at the University of North Carolina at Chapel Hill found that getting a hug, or even holding hands, releases a hormone called oxytocin that helps lower blood pressure in women. *—K.P.*

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Could This Test Save Your Life?

Body scans seem like a great way to find out if you have any hidden health problems you can address early. But the test itself has risks you may not have bargained for



In less than 15 minutes, you can have your whole body scanned

Everything checked out just fine for Beth Henson, of Camarillo, California, when she had her routine Pap smear, mammogram and blood work last year. And indeed, she felt perfectly healthy. But because she was in her 50s, she wanted a little extra confirmation to put her mind completely at ease. So she paid $800 f a full-body scan, which uses X-rays obtain multiple cross-sectional imag of the body from the chin to t hips to screen for problems such cancerous growths before symptom become evident.

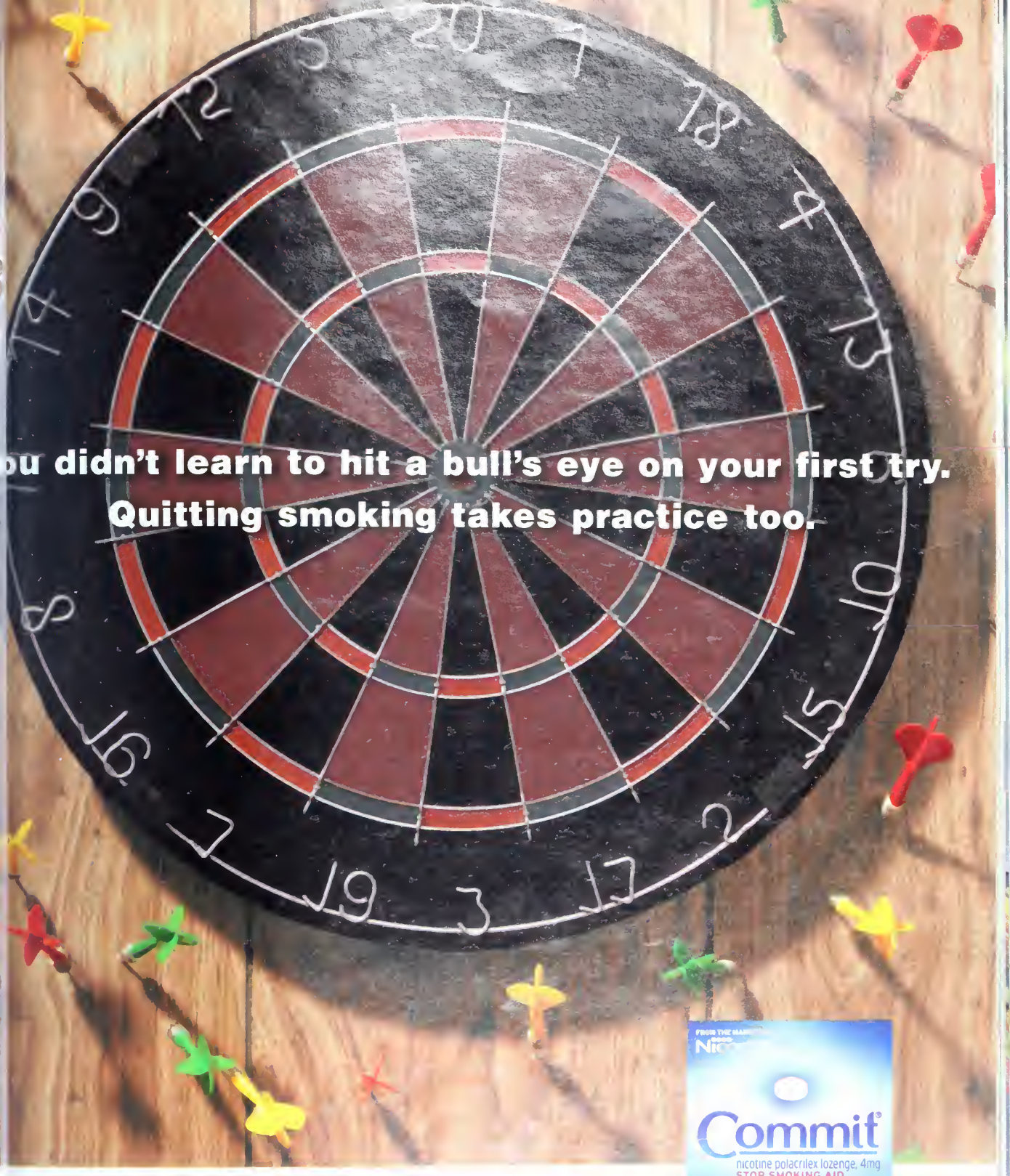
After the test the doctor gave He son, an executive secretary at a bi technology company, a computerize virtual tour of her body. Although h lungs and heart looked fine, he sai there was a strange-looking mass her left ovary. An ultrasound was pe formed and then surgery was do to remove a grapefruit-size precance ous tumor. "Without this test, I cou have died," says Henson, noting th ovarian cancer often goes undetecte until it is advanced and difficult treat. She now intends to get a bo scan every two years.

Like Henson, tens of thousands asymptomatic Americans have volu tarily signed up for full-body C (computed tomography) scans at fre standing for-profit radiology cente in an effort to be proactive about the health. Yale University researchers r cently found that the number of wal in body-imaging facilities had near doubled between 2001 and 2003.

The procedure doesn't co cheap: A full-body scan can cost much as $1,000, and if your doct doesn't refer you for one, insuran usually doesn't cover the tab. Sti people perpetually pressed for tim appreciate the fact that this hig tech health check doesn't involv multiple doctor visits or a batte of separate imaging tests: It ty cally takes less than 15 minutes f a motorized table to move your bo through the large circular chamber the CT scanner.

CONTINU

BY LESLIE LAURENCE



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NOT WITHOUT RISKS

Most people who elect to have full-body scans aren't hypochondriacs. "Rather, they are healthy and wish to stay that way," says Judy Illes, Ph.D., a senior researcher at the Stanford Center for Biomedical Ethics, in Palo Alto, California. "This technology gives them a sense of control."

But some radiologists question whether giving elective body scans to healthy people poses more risks than benefits. A study published in the journal *Radiology* in 2004 found that a single full-body CT exam delivers a dose of radiation nearly 100 times that of a mammogram, raising a person's cancer risk by nearly 1 percent. The likelihood of eventually dying from that cancer is tiny, but the situation becomes more worrisome as patients undergo repeated scans. According to Columbia University researchers, if people were to undergo a full-body screening every year for 30 years beginning at age 45, about 1 in 50 would die of radiation-induced cancer. Nor is there evidence that catching abnormalities early with a CT scan can save lives. "The major-ity of people are well served by a careful physical examination and age-appropriate tests, which are far less expensive, invasive and hazardous than an elective CT scan," says Marianne J. Legato, M.D., director of the Partnership for Gender-Specific Medicine at Columbia University, in New York City.

What's more, the scan's voluminous findings are often difficult to interpret, picking up harmless anomalies such as benign cysts or old scar tissue. A doctor may then be obliged to order further tests, which have their own costs and risks and may turn out to have been unnecessary.

That's what happened to Janis Child, 56, of Redondo Beach, California. As a senior technologist who regularly performs scans at a major medical center, she decided to have a full-body scan herself in April 2003. It showed an asymmetry in the tissue of her breasts but fortunately a mammogram gave her an all clear. However, the scan also detected a tiny lesion protruding from the lining of her right lung. Following standard protocol, the radiologist advised her to hav a follow-up lung scan in four to si months to make sure the lesion hadn changed in size—a red flag for cance "I tried not to think about it," say Child, who has a 12-year-old daugh ter. "If I had, I would have been lyin awake at night." Child's next scan fiv months later revealed that the lesio had not changed and was harmles But something else CONTINUE

CAN A SCAN SAVE YOU FROM LUNG CANCER?

Interest in CT (computed tomography) scans of the lungs are on the rise, driven in part by the recent death of newscaster Peter Jennings from lung cancer and the diagnosis of actress Dana Reeve. There's a good reason for the trend: Because there is no approved screening test for the disease, by the time a standard X-ray detects a small lesion the cancer may have spread. But experts have the same concerns about lung scans that they have for full-body scans, such as the potential for unnecessary follow-up tests and the effects of cumulative radiation exposure. Nor does anyone know if CT lung scans save lives. The National Lung Screening Trial, sponsored by the National Cancer Institute, will look at whether screening for lung cancer with a low-dose CT scan is better than a chest X-ray at reducing death rates in more than 53,000 current and former smokers, notes principal investigator Denise Aberle, M.D., professor of radiology and engineering at UCLA. But final results may not be available until 2010. Ask your doctor whether you are a candidate for a lung CT scan. If you are (or were) a smoker, an annual chest X-ray and possibly a baseline CT scan might be appropriate, advises Marianne J. Legato, M.D., director of the Partnership for Gender-Specific Medicine at Columbia University.

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showed up. The scan not only detected possible pneumonia but also a second mass that resembled an aggressive form of cancer. Her doctors decided to wait three weeks until she was better and then do a repeat scan to confirm the finding. "I was scared," says Child. "I knew that if it were cancer it would kill me." To her relief, there was no sign of the mass in her second scan.

SMART SCAN

For all these reasons, neither the American College of Radiology (ACR) nor the Radiological Society of North America supports the use of full-body scans in healthy asymptomatic people. And the FDA "has never approved or cleared or certified any CT system specifically for use in screening of individuals without symptoms," notes a statement on the agency's Web site.

Also, while mammography equipment, facilities and technicians are tightly regulated by the FDA and must pass periodic inspections in areas such as image quality, radiation dosage and competence of the technician operating the machine, there is no such federal process in place for CT scanners. Some states do have legislation governing radiation levels and proper operation of X-ray equipment, for example, but other states don't. In short, "the FDA has no control over how people use a CT system or the minimum amount of radiation needed for a given test," says Thomas B. Shope, Ph.D., of the FDA's Center for Devices and Radiological Health, in Rockville, Maryland.

If you are determined to have a full-body CT scan, at least have it done in a facility accredited by the ACR, which requires periodic inspections of the equipment's condition but not necessarily its radiation dose. (Call the ACR at 800-227-5463 or visit its Web site at *www.acr.org*.) Ideally, get tested at a hospital or academic medical center, or a facility that's affiliated with one. Make sure a board-certified radiologist explains what a scan can and can't do and interprets your results, advises Michael Brant-Zawadzki, M.D., director of radiology at Hoag Memorial Hospital, in Newport Beach, California.

Because a body scan's findings are often hard to interpret, you may need to have follow-up tests

You should also be given a copy of your results to take with you to show your physician. To minimize the risk of radiation-induced cancer, doctors discourage healthy people under age 40 from having a full-body scan and recommend that everyone else wait at least five years between scans.

But please bear this in mind: A clean bill of health doesn't mean you're in the clear forever. "A CT scan gives you just a snapshot in time," says Dr. Brant-Zawadzki. Six months down the road, your health profile could change. That's why it's vital to have regular routine checkups, and always tell your doctor about any persistent or unusual symptoms.

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IMPORTANT SAFETY CONSIDERATIONS
Although the vast majority of patients who have taken IMITREX have not experienced any significant side effects, some people have experienced serious heart problems and rarely... Considering the extensive... of IMITREX use worldwide, deaths have been reported in... few instances... however serious problems occurred in patients with... heart disease and it was not clear whether IMITREX was a contributing factor in these deaths. Serious events relating to the blood vessels in the head (eg, brain hemorrhage, stroke) have been reported in patients who have taken IMITREX. Some of these have resulted in death, however the relationship of IMITREX to these events is uncertain... a number of these cases it appears possible that patients were not experiencing a migraine but rather a event due to blood vessel disease in the head. IMITREX was given the incorrect belief that the person may have been suffering a migraine. Therefore, you should not take IMITREX if the headache you are experiencing is different from your usual migraine attacks. People who suffer from migraines may be at increased risk of certain blood vessel events (eg, brain hemorrhage, stroke or transient ischemic attack).
Ask your doctor about these and additional safety considerations.
WHO SHOULD NOT TAKE IMITREX?
Some types of migraine headaches should not be treated with IMITREX and some patients should not take IMITREX because of an increased risk of serious side effects.
- If you have had a heart attack, stroke, transient ischemic attacks, peripheral vascular disease, including ischemic bowel disease or Raynaud's syndrome, or any sort of heart disease or symptoms that are associated with constriction of blood vessels, such as ischemic heart disease, angina or coronary artery vasospasm, you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use IMITREX.
- If you are taking certain drugs for depression, talk with your doctor. IMITREX should not be used if you take or have taken within the last 2 weeks monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches you have. If you have hemiplegic or basilar migraine, you should not take IMITREX. IMITREX should be used only in patients who have been diagnosed by a physician as having migraine with or without aura.
- Tell your doctor about any other medicines you are taking. If you are currently taking any migraine medicines that include ergot alkaloids (such as methysergide or dihydroergotamine) or other 5-HT$_1$ agonists, do not take IMITREX within 24 hours of taking these medicines.
- Do not take IMITREX if you are allergic to sumatriptan or any of the ingredients in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS WITH MY DOCTOR?
- If you have risk factors for heart problems, you should tell your doctor. Your doctor should examine you for heart disease to see whether IMITREX is appropriate for you. Risk factors include high blood pressure, high cholesterol, obesity, diabetes and smoking. Other patients with risk factors for heart disease are women who are past menopause (whether natural menopause or menopause resulting from surgery), men over 40 years old, or patients with a family history of heart disease. If you have risk factors and your evaluation for heart disease is satisfactory, your doctor may ask you to take the first dose of IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath or irregular heartbeats.
- Tell your doctor if you are taking selective serotonin reuptake inhibitors (SSRIs).
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medicine because of an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant, think you may be pregnant or are trying to become pregnant, are not using adequate birth control methods or are breast-feeding, unless you have discussed this with your doctor.
HOW TO USE IMITREX TABLETS
For adults, the usual dose is a single tablet swallowed whole with fluids. Do not chew tablets. A second tablet may be taken if your symptoms of migraine return after you have partial response to the first dose, *but no sooner than 2 hours after taking the first tablet.* For a given attack, if you have no response to the first tablet, do not take a second tablet without first consulting with your doctor. Do not take more than a total of 200 mg of IMITREX tablets in any 24 hour period.
The safety of treating an average of more than four headaches in a 30-day period has not been established.
WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?
Do not be alarmed if any of the following side effects occur. Your doctor can discuss with you which of these symptoms are relevant to you. The most frequently reported effects after treating with IMITREX Tablets...
- Some patients feel pain or tightness in the chest or throat when using IMITREX. If this happens, you should not take your doctor before you take IMITREX. If the pain is severe, it does not go away or it is severe immediately...
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Cosmetic Breakthrough

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THE STRETCH-MARK CREAM TURNED ANTI-WRINKLE PHENOMENON!™"

In a remarkable turn of events, arguably one of the strangest in the history of cosmetics, women across the country are putting a stretch-mark cream called StriVectin-SD® on their face to diminish appearance of fine lines, wrinkles and pores. And, if consumer sales are any indication of a product's effectiveness, StriVectin-SD is nothing short of a miracle. Not only as well as a growing number of discerning men are buying so much StriVectin-SD that finding a tube at your local cosmetic counter has become just about impossible. Has everyone gone mad? Well, not really.

SCIENTIFIC BREAKTHROUGH OR DUMB LUCK?

Although StriVectin-SD's function-fighting components were already backed by clinical trials documenting their ability to visibly reduce the appearance of stretch marks — prominent in terms of their depth, length, discoloration, and texture … the success of StriVectin-SD as an anti-wrinkle cream was "dumb luck," says Gina Gay, spokesperson for Klein-Becker, the maker of StriVectin-SD.

"When we first handed out samples of our StriVectin formula to employees and investors as part of our market research, the sample tubes were simply marked 'stretch cream' with the lot number and 'bath,' Ms. Gay explains. "As the samples were passed to friends and family, the message became a little muddled and some people used this 'topical cream' as a facial moisturizer. As we began to receive feedback from users, like 'I look 5 years younger' and 'I can't even notice my crow's feet,' we knew we had something more than America's most effective stretch-mark cream. The point was driven home as store owners began reporting that almost as many people were purchasing StriVectin as in anti-wrinkle cream as were buying it to reduce stretch marks."

Dr. Daniel B. Mowrey, PhD, Klein-Becker's Director of Scientific Affairs says, "Clearly, people were seeing results, but we didn't have a scientific explanation as to why this wrinkle reduction was occurring. However, based on the incredibly positive reports, I started using it myself — applying StriVectin to my face after shaving." Dr. Mowrey adds, "On a personal note, my wife tells me I haven't looked this good in years."

DUMB LUCK? STRIKE AGAIN!

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, researchers presented studies detailing the superior wrinkle-reducing properties of a patented dipeptide — called Pal-KTTKS — versus retinol, vitamin C and placebo. Once again, "photo-aged skin" was present and dumb luck would have it, Dr. Mowrey discovered that "the anti-wrinkle oligopeptide [Pal-KTTKS] that is the breakthrough ingredient in StriVectin-SD turned out to be a key component in the StriVectin cream."

In the study, the patented peptide [illegible] to the test area of [illegible] cream containing Vitamin C or a placebo [illegible].

Subjects in the [illegible] study applied [illegible] months and then [illegible] next 2 months. [illegible] analysis, the [illegible] "significant improvement [illegible] appearance of fine lines and wrinkles" [illegible] unsightly wrinkles [illegible] using the [illegible] cream.

Better results [illegible] soon. The [illegible] nearly 1/3 [illegible] measured [illegible]

BETTER THAN RETINOL AND VITAMIN C. BUT IS STRIVECTIN-SD BETTER THAN BOTOX ?

Dr. Nataly Kravitz, PhD, RD, Director of Women's Health at Salt Lake City-based Bare Escentuals, recently [illegible] Klein-Becker's [illegible] Leading dermatologists [illegible] Botox is the preferred treatment for [illegible] severe [illegible] However, the Pal-KTTKS [illegible] StriVectin [illegible] Pal-KTTKS [illegible] Botox [illegible] Pal-KTTKS [illegible] Botox [illegible] Pal-KTTKS [illegible] Botox

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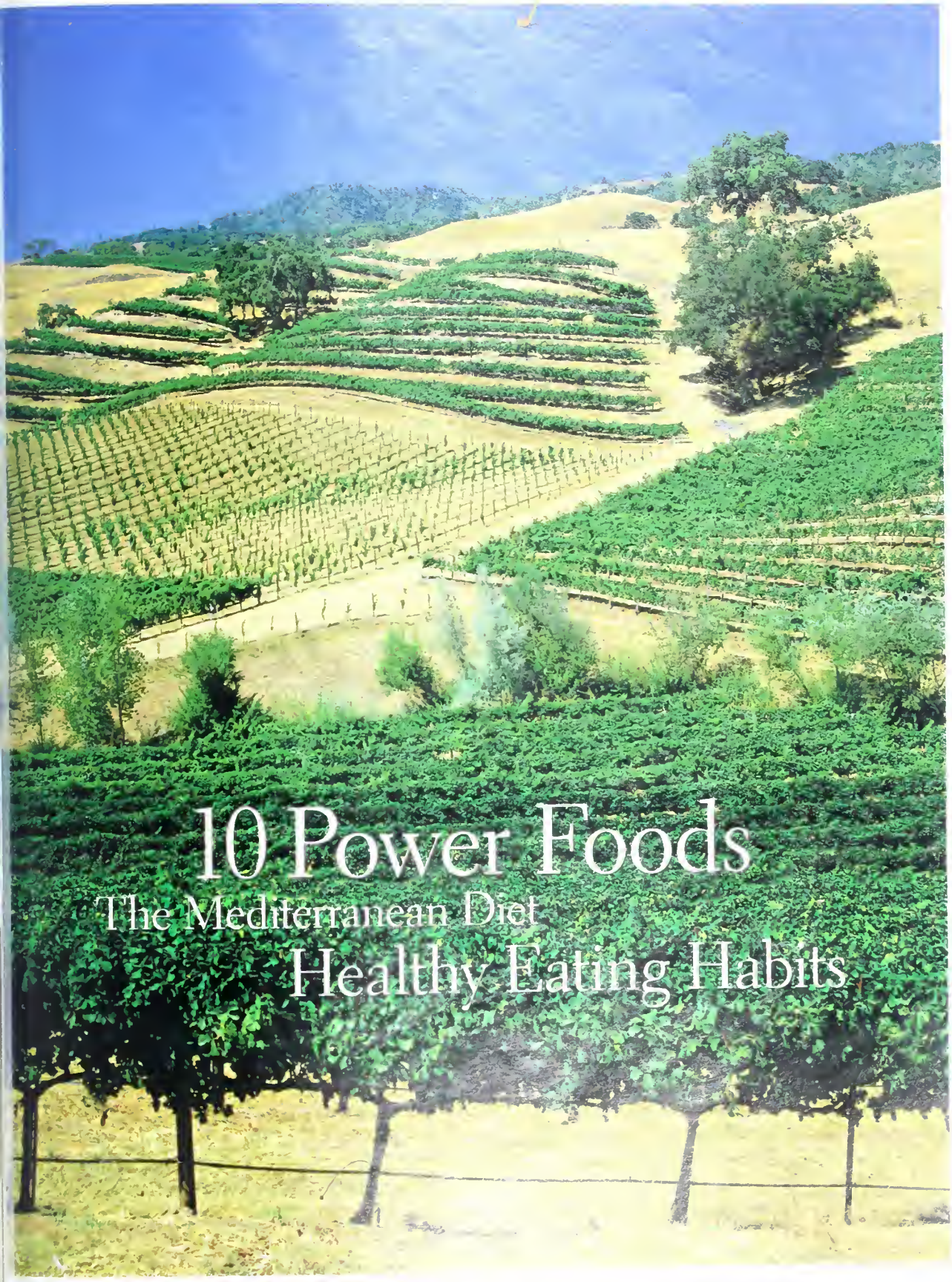
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10 Power Foods

The Mediterranean Diet

Healthy Eating Habits

The *Food Lovers'* Diet

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The Sonoma Diet is named after the Northern California region famous for its nutritious Mediterranean-style eating and adds to it the science of safe weight loss. The result? A healthier, happier you, in just 10 days

The Sonoma Diet is a unique weight-loss plan that brings together the art and science of food. The food philosophy behind it is designed to make you healthier—and happier. The diet gets it name from California's beautiful Sonoma County, a paradise of great-tasting, sun-drenched foods. Sonoma County cuisine is a way of eating that takes its cues from those who live on or near the Mediterranean Sea. These two communities—New World and Old World—have

EXCERPTED FROM THE FORTHCOMING BOOK *THE SONOMA DIET*, BY CONNIE GUTTERSEN, R.D., PH.D. COPYRIGHT 2005 MEREDITH CORPORATION.

mething in common besides superb
ıtritional instincts. They share a fes
ve approach to eating and a heartfelt
ve of great food that turns every
eal into a celebration.

Decades ago researchers started
ondering why Mediterranean popu-
tions live healthier, longer lives with
wer rates of heart disease, cancer,
oesity and diabetes compared with
roups in many other parts of the
orld. The answer lies in the food.
hich is minimally processed. Healthy
ıting is not based on avoiding certain
langerous" or "unhealthy" foods:
's about enjoying more of those
ods that are rich in nutrients, such
seasonal vegetables, whole grains,
uits, beans, nuts and olive oil. Fish
ıd poultry are more prominent than
d meat or dairy. Wine, red or white,
so plays an important role in meals.

The big difference between the
noma and Mediterranean diets,
ough, is the goal. The Sonoma Diet
designed for losing weight and keep-
g it off. Connie Guttersen, Ph.D., a
gistered dietitian who specializes in
ıtritional physiology, has combined
e heart-healthy Mediterranean way
eating with the most-up-to-date
ıdies to create a diet plan resulting
safe, easy weight loss. With the lat-
t research showing that seven out of
American women and nine out of
men will become overweight or
ese by age 60, effective plans like
noma are urgently needed.

The diet is neither low carb nor low
. Your body needs carbohydrates for
ergy, nutrients and fiber, and limiting
em is a strategy that can't be main
ned because it's unhealthy and un
isfying. Fats are absolutely essential
cause they help your body absorb
trients. Most important, they create
eeling of fullness as no other food
oe can, which prevents CONTINUED



Sit. Eat. Savor. *Ahhhh*

People who eat fast are prone to eat too much since they're still bolting down food before their stomachs tell their brains they've had enough. Eating slowly and deliberately is at the heart of the Sonoma Diet. Sitting down to savor a meal—with your family preferably—and appreciating each bite will help you feel more satisfied. While that's not easy in today's fast-paced world, your goal is to find a way to do so. During Wave 1, start with one slow meal a day. No rushing or eating while in the car, standing up, talking on the phone or watching TV. Make time for it. It's something you'll all get used to and love.

Stocking a Healthy Kitchen

Before you start the Sonoma Diet, get rid of junk foods and restock with healthy ones. You'll be tossing out your bad habits as well!

OUT WITH ...

- Butter, margarine
- Cheese, cream cheese, ice cream
- Cookies, cake, candy
- Crackers and chips
- White rice
- Non-diet soda, fruit juices
- Hydrogenated fats
- Mayonnaise, salad dressings
- Sugar
- Milk, yogurt
- Cereal, bread, pasta

IN WITH ...

- Vegetables low in sugar and starch (such as cabbage, cauliflower, eggplant, mushrooms, carrots, artichokes)
- Fruit (apples, oranges, plums, bananas, pears and more)
- Lean beef, chicken and fish
- Low-fat milk, cottage cheese and yogurt
- Whole grains (bread, cereal, pasta, brown rice)
- Olive or canola oil
- Healthy nuts, such as almonds and walnuts

overeating. The food choices and portion control built into the Sonoma Diet are calculated for the optimal balance of protein, carbohydrates and fats—a balance that keeps you satisfied at every step of your weight loss journey.

The diet is simple. You use plates of a specific size, divide them into percentages and fill them with the "right" food, so portion control is automatic. During Wave 1, the 10-day jump-start phase of rapid weight loss, you choose from a somewhat restricted list of vegetables, grains, protein and fat. During Wave 2, which lasts until you reach your target weight, the food lists are longer and include fresh fruit. By the time you reach Wave 3, healthy portion control and food choices will come naturally. As the mother of 5- and 8-year-old children, Dr. Guttersen knows the importance of a diet that's easy to follow and dishes that are a snap to prepare and appeal to the entire family (nine of her recipes are included here). You'll love the meals you're eating—and the new wardrobe you will soon be buying. CONTINUED

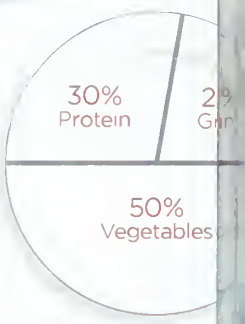
WAVE 1 Portions

Stop the Supersizing

Sick of measuring out your food on other diets? The Sonoma Diet makes portion control user-friendly. To avoid the American bad habit of waistline-busting "supersizing," the Sonoma Diet lets plates do the work for you. You use a 7-inch plate or a 2-cup bowl for breakfast, and a 9-inch plate for lunch and dinner. Simply fill up your plate in the proper proportions of protein, vegetables, grains and fruit, and you instantly have the healthy amount you need.







CONQUER YOUR CRAVINGS

Banishing the sweets you've loved since childhood isn't easy. But remember: The more you give in to your cravings, the less likely you are to overcome them. If you're pining for sweets during Wave 1, try hard not to cave in. Wave 1 does require you to quit cold turkey, but if you just can't hold out, restrict yourself to one or two cans of diet soda and one or two packets of artificial sweetener a day. In Wave 2, you can satisfy your sweet tooth with such fruits as berries or mangoes. If you absolutely must have a special dessert, bittersweet chocolate is allowed, but just one bite-size piece a day, no more than three days a week.

Becoming aware of the pattern of your cravings can help you conquer them. If you mindlessly snack while watching late-night television, don't watch it. Try going to sleep earlier instead. If you feel a craving coming on, get proactive: Take a walk, brush your teeth, pop some gum into your mouth. If you can get your mind off the craving, often it will go away. Or take preemptive action. If you find yourself regularly craving sweets at 8:30 P.M., shift one of your daily afternoon snacks to 8:30. It's better to indulge slowly at 8:30 than devour a candy bar at 10.

VEN CHICKEN WOULD TELL US
IOW LEAN BEEF IS,
IT WEREN'T FOR THE LANGUAGE BARRIER.

se you haven't heard, 29 cuts of beef are now considered lean by USDA
dards. On average, lean beef has about one more gram of saturated fat than
nless chicken breast. That's good news in any language.

BEEF
IT'S WHAT'S FOR DINNER



n USDA data using the average of 3 oz. cooked servings
by America's Beef Producers. Visit www.BeefItsWhatsFo
skinless chicken breast.



A feast for the eyes these wholesome fruits, vegetables, nuts. grains and olive oil are also a delight to the palate

10 POWER FOODS

hese delicious foods, which are the
ilding blocks of the Sonoma Diet, have
ceptional nutritional value and relatively
w calories. They also help fight heart
isease and other serious illnesses.

LMONDS

ese mighty nuts
ntain heart-healthy
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ve oil. Recent medical
udies have found that
ting 1 ounce of almonds
ily reduces LDL (bad)
olesterol and thereby
erall heart risk. Almonds
ay also help protect
ainst cancer. Rich in
lcium, they deliver plenty
protein, copper, zinc,
otassium, magnesium
d B vitamins as well as
amin E.

ELL PEPPERS

ppers of all colors have
enty of vitamins A and
which help combat
art disease, while their
undant vitamin B_6 and
ate contribute to lower
vels of homocysteine,
eart disease–related
otein. Red peppers pack
special punch: lycopene,
owerful antioxidant
at may reduce the risk of cancer of the colon, cervix, bladder, pancreas and prostate gland

BLUEBERRIES

Among fruits, they're the champion of antioxidants and, like wine, contain resveratrol, a heart-protecting flavonoid

BROCCOLI

A half-cup serving provides as much vitamin C as an orange with about half the calories. A serving also delivers 40 milligrams of calcium. You'll get more in a cup of milk, but you'll also get anywhere from 85 to 150 calories. Even skim milk has saturated fat; broccoli, however, has zero fat of any kind

GRAPES

Grapes are rich in nutrients that protect blood and heart muscle from tissue damage caused by free radicals and the "rusting" they give off. Grapes also contain myriad flavonoids, including resveratrol

OLIVE OIL

Mostly composed of monounsaturated fat, olive oil actually lowers levels of LDL cholesterol as well as blood fats called triglycerides. It also reduces the risk of high blood pressure and inflammation. It contains vitamin E and carotenoids, such as beta-carotene and extra-virgin varieties are particularly rich in antioxidant phytonutrients

SPINACH

A superb source of iron these green leaves are a low-calorie, nonfat alternative to red meat. Spinach is also an abundant, nondairy source of calcium and vitamin K, a combination that promotes bone health. Spinach is especially rich in folate, a B vitamin that helps protect against

STRAWBERRIES

half cup is bursting with heart-healthy nutrients that minimize the damage caused by LDL cholesterol, reduce inflammation in the arteries, and help protect against cancer.

TOMATOES

While part of their value comes from a rich array of phytochemicals that work together to protect your cardiovascular system, tomatoes' most powerful component is the phytonutrient lycopene, which gives them their bright color. Research has shown that lycopene reduces the risk of breast, cervix, prostate, pancreas and lung cancers. To get the full benefit, try to buy vine-ripened tomatoes and eat them fresh, including the skin

WHOLE GRAINS

When the nutrient-rich bran, germ and endosperm are not processed out of the kernel, grains retain their natural fiber, vitamins and phytonutrients. All of these help boost metabolism and control blood sugar; they also lower your risk of diabetes, cancer, stroke and heart disease. CONTINUED

Stages of the SONOMA DIET

WAVE 1

The aim in Wave 1 is to introduce you to fuss-free, simple meals prepared with healthy, whole foods. Wave 1 will rid you of three destructive habits—excessive dependence on highly refined foods that turn your metabolism into a fat-production factory, the haphazard eating of whatever happens to be available, easy or familiar, and the tendency to eat too much. The 10 days of Wave 1 bring your most rapid weight loss. Here's how you fill up your plate or bowl (see page 126):

- Your breakfast plate will have 25 percent protein and 25 percent grains or your breakfast bowl, 50 percent dairy and 50 percent grains.
- Your lunch plate will consist of 10 percent protein and 60 percent vegetables.
- Your dinner plate will call for 30 percent protein, 20 percent grains and 50 percent vegetables.

SAMPLE WAVE 1 MENU

Breakfast Two scrambled eggs with whole-grain toast
Lunch Greek Salad with Broiled Shrimp, half a whole wheat pita
Dinner Marinated Flank Steak (see recipe, page 152) with Sautéed Broccoli, Roasted Peppers and Goat Cheese

WAVE 2

This is the main segment of the diet, the eating plan you'll stay with until you reach your target weight. It's the meat and potatoes of the diet without the potatoes. Weight loss is not as fast as in Wave 1, but it's healthy, noticeable and exact. More than anything, Wave 2 is about variety. Your food choices multiply, significantly to include fruit and a wider variety of vegetables. And a glass of wine can be part of lunch or dinner. Wave 2 foods aren't forever, but you're reducing your [illegible] foods [illegible] your plate.

- Breakfast remains the same as in Wave 1, but now you can include fat-free yogurt.
- Your lunch plate consists of four equal parts of protein or dairy, grains, vegetables and fruit.
- Your dinner plate consists of four equal parts of protein or dairy, grains, vegetables and fruit.

SAMPLE WAVE 2 MENU

Breakfast Whole-grain cereal and nonfat milk
Lunch Turkey roll-up, 1 cup South western-grain medley, fresh fruit
Dinner Hearty lentil soup, fish with cucumber relish, 1 cup mixed greens with vinaigrette

WAVE 3

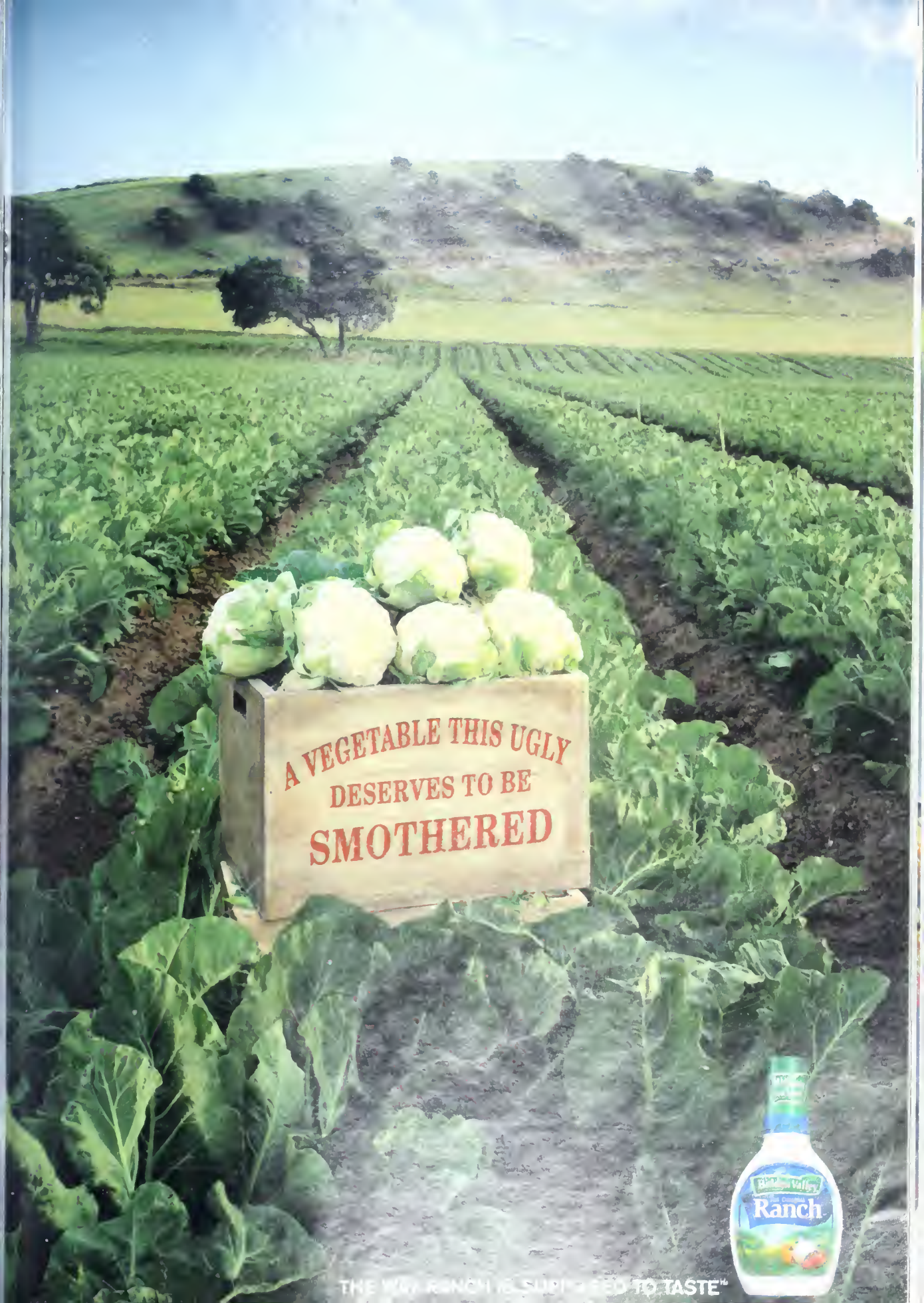
This phase begins on the day you reach your target weight. Go ahead and celebrate. You've earned it. You've rid your body and mind of their fattening dependence on foods made from refined flour. You've eliminated sugar cravings, so that sugar-sweetened items are back to being what they're meant to be—occasional treats. You've banned harmful hydrogenated fats from your diet and learned to keep saturated fats down to the bare minimum. Most important, you've made the connections between eating for pleasure, for health and to stay at your best weight—and you have the skills to stay on course even when the going gets tough. Wave 3 is all about extending these healthy eating habits into a permanent way of existing happily on this planet.

The food list expands to include all fruits and vegetables. Continue to avoid fatty meats, hydrogenated fats and refined grains. Stick with the plate portions you learned in Wave 2. Try to turn all your meals into slow, soul-satisfying, sociable experiences. Do whatever you think best to stay within the Sonoma Diet guidelines. It's your diet now.

SAMPLE WAVE 3 MENU

Breakfast Oatmeal and milk
Lunch Tuna salad sandwich, banana
Dinner Herb-roasted chicken, cauliflower in parmesan cheese, wild rice, ½ cup mango

CONTINU


A VEGETABLE THIS UGLY
DESERVES TO BE
SMOTHERED
Ranch

WAVE

SERVES 8

Prep time: 10 min
Total time: 1 hr 35 min

- 1 (1½ to 2 lbs) flank steak
- ¼ cup chopped fresh rosemary or 1 tablespoon dried, crumbled
- 1 tablespoon chopped fresh marjoram or 1 teaspoon dried, crumbled
- 1 tablespoon chopped fresh oregano or 1 teaspoon dried, crumbled
- 1½ teaspoons minced garlic
- 1½ teaspoons paprika
- 1 teaspoon coarse salt
- 1 teaspoon crushed red pepper
- 1 teaspoon freshly ground black pepper
- 3 tablespoons extra-virgin olive oil, plus additional for grill pan

◆ Trim fat from steak and place steak in a shallow dish. Stir together rosemary, marjoram, oregano, garlic, paprika, salt and peppers in a small bowl. Stir in the oil until combined.
◆ Spoon herb mixture evenly over both sides of steak, rubbing in. Cover and marinate in the refrigerator 1 hour or up to 24 hours.
◆ Preheat grill pan over moderately high heat. Lightly coat pan with oil and place steak in pan. Grill, turning once, until a meat thermometer inserted into center of steak registers 125°F for medium rare, 10 to 12 minutes.
◆ Transfer to a cutting board. Cover and let stand 10 minutes before cutting, across the grain, into very thin slices.

Per serving: 183 calories, 11 g total fat, 3 g sat fat, 287 mg sodium, 1 g carbs, 14 mg calcium, 34 mg chol, 19 g protein, 0 fiber



Spinach and Lentil Salad With Tossed Walnuts



WAVE

SERVES 1

Prep time: 10 min **Total time:** 10 min

- 3 ounces leftover grilled Marinated Flank Steak (see recipe, above), thinly sliced



Shrimp With Serranos

1 cup shredded romaine or whole fresh baby spinach leaves
¼ cup jarred roasted red peppers, drained, patted dry and cut into thin strips
1 tablespoon crumbled blue cheese
1 (8 inch) whole-wheat flour tortilla

Arrange sliced beef, romaine, roasted pper strips and blue cheese on tortilla; l up (tortilla will be very full).

serving: 390 calories, 19 g total fat, 6 g fat, 775 mg sodium, 21 g carbs, 159 mg cium, 46 mg chol, 33 g protein, 13 g fiber

WAVE

Spinach and Lentil Salad With Toasted Walnuts

RVES 4

ep time: 30 min **Total time:** 30 min

½ cup brown or French lentils, rinsed and drained
½ cup chopped red bell pepper
⅓ cup chopped scallion
¼ cup chopped fresh flat-leaf parsley
¼ cup toasted walnuts, chopped
6 cups torn spinach leaves, tough stems removed
12 ounces cooked, boneless skinless chicken breast, sliced
¼ cup Sonoma Diet Red Wine Vinaigrette (see next recipe)

◆ Bring lentils and 1 cup water to a boil in a small saucepan. Reduce heat, cover and simmer until lentils are tender and most of the liquid is absorbed, 20 to 25 minutes. Drain lentils and place in a medium bowl. Stir in bell pepper, scallion, parsley and walnuts.

◆ Divide spinach among 4 serving

Top with lentil mixture and n. Drizzle with vinaigrette.

Per serving: 341 calories, 14 g total fat, 2 at fat, 166 mg sodium, 19 g carbs, 79 mg alcium, 72 mg chol, 36 g protein, 10 g fiber

WAVE

MAKES ABOUT ⅓ CUP (FIVE 1-TABLESPOON SERVINGS)

Prep time: 5 min **Total time:** 10 min

2 tablespoons red wine vinegar
1 tablespoon finely chopped shallot
1½ teaspoons Dijon-style mustard
2 tablespoons extra-virgin olive oil
⅛ teaspoon coarse salt
⅛ teaspoon freshly ground black pepper

◆ Combine vinegar and shallot in a small bowl. Let stand 5 minutes. Whisk in mustard. Add oil in a slow stream, whisking constantly until combined. Whisk in salt and pepper.

Per tablespoon: 51 calories, 5 g total fat, 1 g sat fat, 85 mg sodium, 1 g carbs, 3 mg calcium, 0 chol, 0 protein, 0 fiber

WAVE

SERVES 4

Prep time: 25 min

Total time: 25 min

Kitchen tip: Because hot chile peppers contain oils that can burn your skin and eyes, wear rubber or plastic gloves when you are working with them.

1 lb fresh or frozen

CONTINUED

The Danger of Diet Sodas

On the Sonoma Diet, refined sugar is banished in order to help eliminate your cravings for sweets. But that doesn't mean you can load up instead on diet sodas and drinks. Even though artificial sweeteners don't have quite the same negative effect on the metabolism as refined sugar, studies suggest that diet drinks or artificially sweetened drinks do stimulate the appetite. So drink plenty of water as well as tea and coffee—and eat real food.

peeled and deveined medium shrimp (thawed if frozen)
2 tablespoons extra-virgin olive oil
¼ cup chopped shallots
1½ teaspoons minced garlic
¼ cup chopped red bell pepper
2 to 3 fresh serrano or jalapeño chile peppers, seeded and finely chopped
1 tablespoon fresh lemon juice
1 tablespoon chopped fresh cilantro

◆ Rinse shrimp and pat dry with paper towels; set aside.
◆ Heat oil in a large skillet over moderately high heat. Add shallots and garlic; sauté, stirring, 1 minute. Add peppers and cook, stirring, 1 minute. Add shrimp and cook, stirring, until they become opaque, 2 to 3 minutes more. Remove from heat and stir in juice and cilantro.

Per serving: 195 calories, 9 g total fat, 1 g sat fat, 171 mg sodium, 5 g carbs, 69 mg calcium, 172 mg chol, 24 g protein, 0 fiber

WAVE 2

Greek Pizza

SERVES 4

Prep time: 15 min **Total time:** 25 min

1 12-inch (10 oz) whole-wheat Italian pizza crust, such as Boboli
2 cups whole fresh baby spinach leaves
8 ounces cooked, skinless, boneless chicken breast, sliced
½ cup cherry tomatoes, quartered
¼ cup (1 oz) crumbled feta cheese
2 tablespoons chopped walnuts or pine nuts
1½ teaspoons chopped fresh oregano or ½ teaspoon dried, crumbled
1½ teaspoons chopped fresh rosemary or ½ teaspoon dried, crumbled
1 recipe Sonoma Diet Red Wine Vinaigrette (see recipe, page 133)

◆ Preheat oven to 400°F. Place pizza crust on a large baking sheet. Top with spinach, chicken, tomatoes, cheese, nuts, oregano and rosemary. Drizzle with vinaigrette.
◆ Bake in middle of oven 10 to 15 minutes or until heated through.

Per serving: 404 calories, 17 g total fat, 4 sat fat, 639 mg sodium, 38 g carbs, 183 mg calcium, 56 mg chol, 29 g protein, 6 g fiber

WAVE 2

Chile Mint Burgers

SERVES 4

Prep time: 15 min **Total time:** 25 min

½ cup finely chopped onion
1 fresh serrano or jalapeño chile

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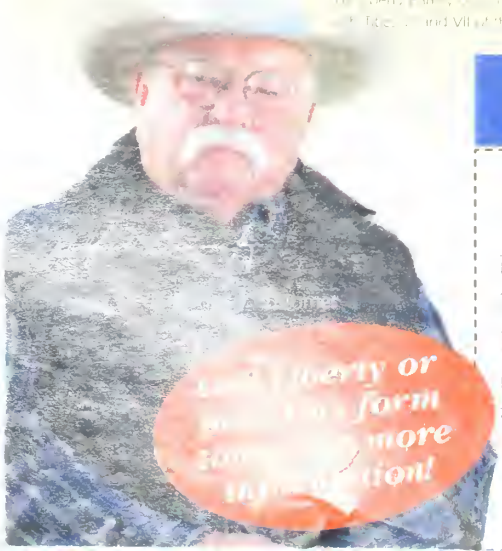
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pepper, seeded and finely chopped, or 2 tablespoons canned diced green chile peppers
1 tablespoon chopped fresh mint or 1 teaspoon dried, crushed
¾ teaspoon ground cumin
½ teaspoon minced garlic or ⅛ teaspoon garlic powder
¼ teaspoon coarse salt
1 lb lean ground beef or ground turkey breast
2 whole-wheat pitas, halved
¼ cup Yogurt and Cucumber Sauce (see recipe, page 136)

◆ Combine onion, chile pepper, mint, cumin, garlic and salt in a medium bowl. Add meat and mix until just combined. Shape into four ¾-inch-thick patties.
◆ Preheat broiler. Place patties on the rack of a broiler pan. Broil 4 to 5 inches from heat, turning once. CONTINUED

some like it hot.



rich in whole grain foods and other plant foods
w in total fat, saturated fat, and cholesterol, may
educe the risk of heart disease. ©2005 KF Holdings.

the Grape-Nuts hot

grape-nuts hot.

until an instant read thermometer registers 160°F for beef (175°F for turkey), about 12 minutes.

◆ Serve each burger in a pita half with 1 tablespoon Yogurt and Cucumber Sauce.

Per serving: 361 calories, 19 g total fat, 7 g sat fat, 407 mg sodium, 22 g carbs, 49 mg calcium, 77 mg chol, 25 g protein, 3 g fiber



WAVE

MAKES 3 CUPS

Prep time: 30 min

Total time: 3 hrs 30 min

- 1 English cucumber (about 14 oz)
- ¾ teaspoon coarse salt
- 1 tablespoon extra-virgin olive oil
- 1 tablespoon white wine vinegar
- ½ teaspoon minced garlic
- 1½ cups plain fat-free yogurt
- 1 to 2 tablespoons chopped fresh mint or ½ tablespoon dried, crumbled

◆ Cut the cucumber in half lengthwise; remove and discard seeds. Cut into ¼-inch-thick slices. Place in a colander and toss with ¾ teaspoon salt. Let stand 30 minutes.

◆ Combine oil, vinegar, garlic and remaining ½ teaspoon salt in a medium bowl; stir in yogurt and mint. Rinse cucumber under cold water and pat dry with paper towels; fold into yogurt mixture and chill at least 3 hours or overnight.

Per ¼ cup: 49 calories, 2 g total fat, 0 sat fat, 157 mg sodium, 5 g carbs, 101 mg calcium, 1 mg chol, 3 g protein, 0 fiber

WAVE

SERVES 8

Prep time: 40 min

Total time: 40 min

Kitchen Cue: To serve this as a main-dish salad, add 1½ lbs grilled shrimp and/or scallops.

- 1 lb fresh green beans, trimmed
- 1 lb cherry tomatoes, halved or small, or heirloom tomatoes, halved or quartered
- 1 small red onion, halved lengthwise and thinly sliced
- 1 recipe Sonoma Diet Red Wine Vinaigrette (see recipe, page 133)
- 2 tablespoons chopped fresh basil or 2 teaspoons dried, crumbled

◆ Cook green beans in a large pot of salted boiling water until crisp-tender, 5 to 7 minutes. Drain. Submerse in ice water immediately to stop cooking; drain well.

◆ Toss beans, tomatoes and red onion with vinaigrette and basil in a large bowl. Salt and pepper to taste.

Per serving: 65 calories, 4 g total fat, 1 g sat fat, 90 mg sodium, 8 g carbs, 33 mg calcium, 0 chol, 2 g protein, 3 g fiber

All recipes on these pages adapted from The Sonoma Diet, *www.sonomadiet.com.*



The Last Word on Wine

Weight of evidence shows that drinking alcohol in moderation has such cardiovascular benefits as keeping arteries clear of plaque and preventing blood clots. But wine in particular has a huge array of phytonutrients, including flavonoids and resveratrol, a powerful antioxidant. Studies have concluded that moderate wine consumption is more strongly correlated with reduced risk of death from heart disease than drinking alcohol in general. Wine also implies a sense of relaxation and enjoyment. The act of choosing a wine, decanting, pouring and drinking it slows down the whole eating experience, an essential part of the Sonoma Diet lifestyle.

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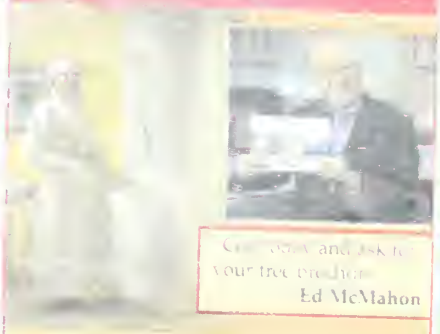
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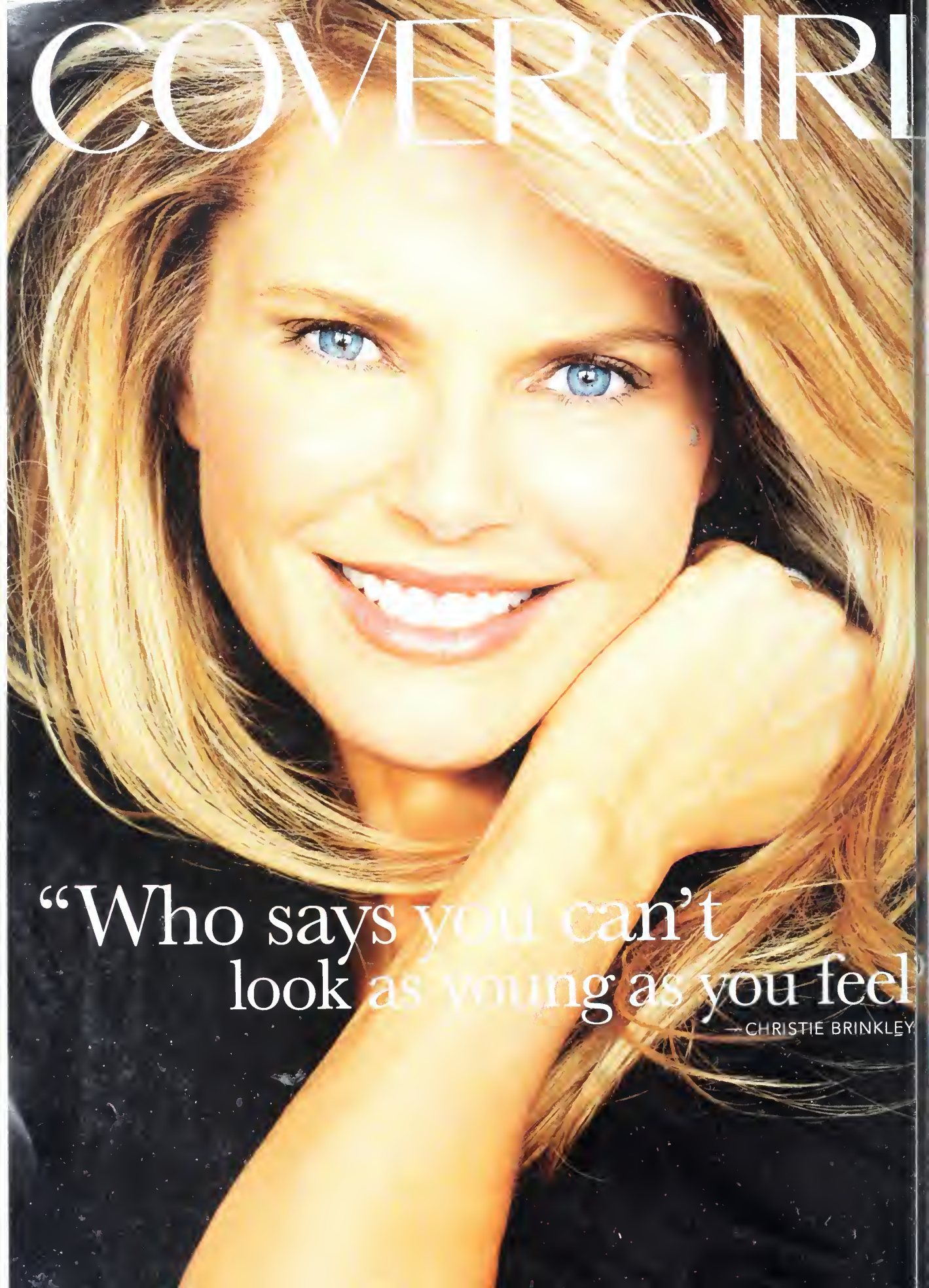
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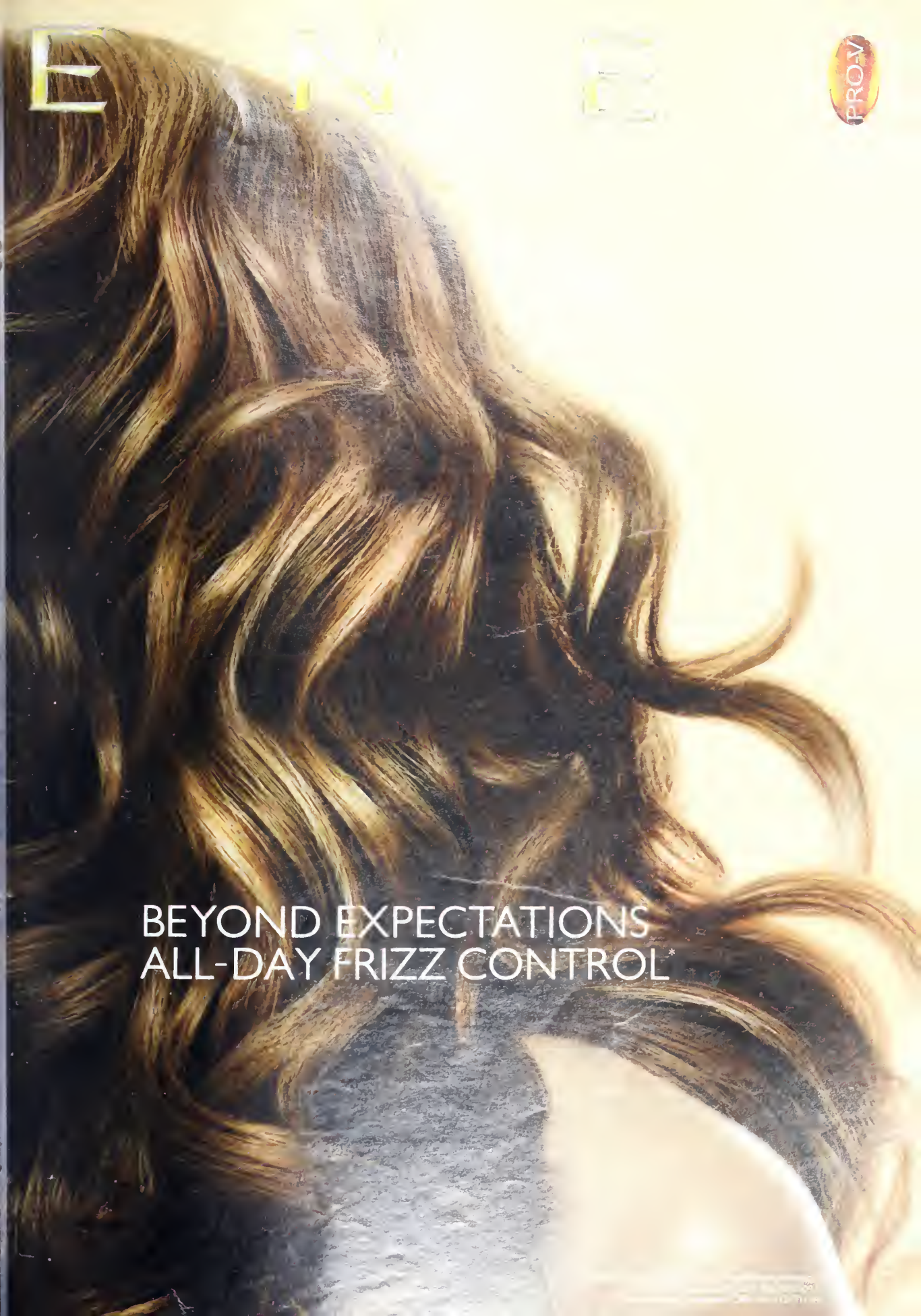
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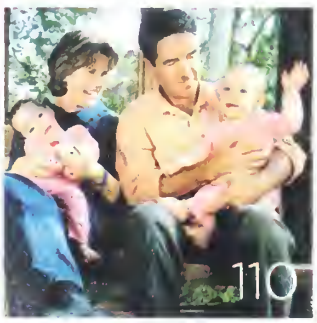
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On the Cover: Kirstie Alley photographed exclusively for *Ladies' Home Journal* by Bob Frame. **Hair:** Jonathan Joseph Hanousek for Exclusive Artists/Jonathan Joseph Haircare. **Makeup:** Jo Strettell for Christian Dior/Couture. **Stylist:** Emma Trask. **Get the look: Face:** Revlon ColorStay Makeup in Nude, $12.99. **Eyes:** Revlon ColorStay 12 Hour Eyeshadow in In The Buff, $6.99; ColorStay Eyeliner in Black Brown, $5.99. **Cheeks:** Revlon Cream Blush in Rosy Glow, $9.79. **Lips:** Revlon Super Lustrous Lipgloss in Nude Lustre, $6.99.


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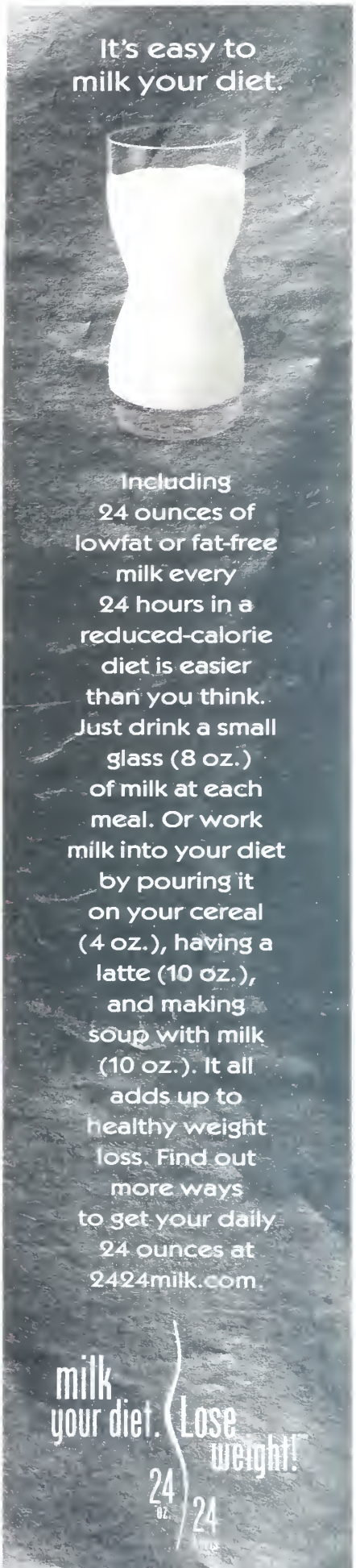
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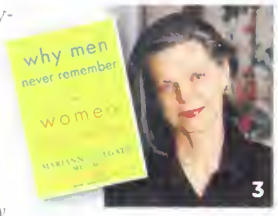
February is the month of passion, but passion can apply to a rich assortment of pursuits. In this issue we embraced them all. You'll find a compelling chorus of voices on the topic, starting with Gail Sheehy (1), author of the landmark book *Passages*, in which she charted the essential emotional milestones in the lives of women. Now she's back with an inspiring new book, *Sex and the Seasoned Woman*, that urges the importance of reconnecting with your dreams, especially after you're a grown-up. Treat yourself to "Living a Passionate Life," starting on page 22.



If you've ever heard yourself say, "When is it going to be *my* turn?" then you need to read "Why It's Healthy to Put Yourself First," starting on page 30, by Drs. Rachael and Richard Heller (2), from their book, *Healthy Selfishness*. You have to be passionate about standing up for your own needs, they point out, before you can be of much use to anyone else.



Passion can also lead to hotheadedness, and anyone who has ever had a fight with her husband knows how fast that can happen. If you sometimes feel as though he's a whole different species (even after 10 or 20 years of marriage!), you might be relieved to know you're not entirely off base. Dr. Marianne J. Legato (3), in her new book, *Why Men Never Remember and Women Never Forget*, illuminates the brain science that proves we are in fact wired differently. See the excerpt, "What He's *Really* Thinking When You Fight," starting on page 82.





Finally, there is the passionate love of motherhood. You have made our My Life as a Mom one of the magazine's most popular columns, and in this, the start of its fourth year, we turn the space over to Jeanne Marie Laskas (4). You may recognize her byline from our Animal Affairs column as well as from some of our celebrity profiles, but Jeanne Marie may be most in her element here, capturing the humor and wonder of raising her two girls, Anna and Sasha.

So, go forth and find *your* passion!

Diane Salvatore

Diane Salvatore, Editor-in-Chief
dianes@meredith.com

At Ease, Soldier!

In our October 2005 issue we excerpted the diary of Air Force Captain Heidi Clark on her five months serving in Iraq; many of you wrote to say how moving you found it. This fall, Disneyland, in Anaheim, California, invited Heidi, husband Mike, and their children, Emily, 9, and Michael, 5, to celebrate her homecoming at the theme park.



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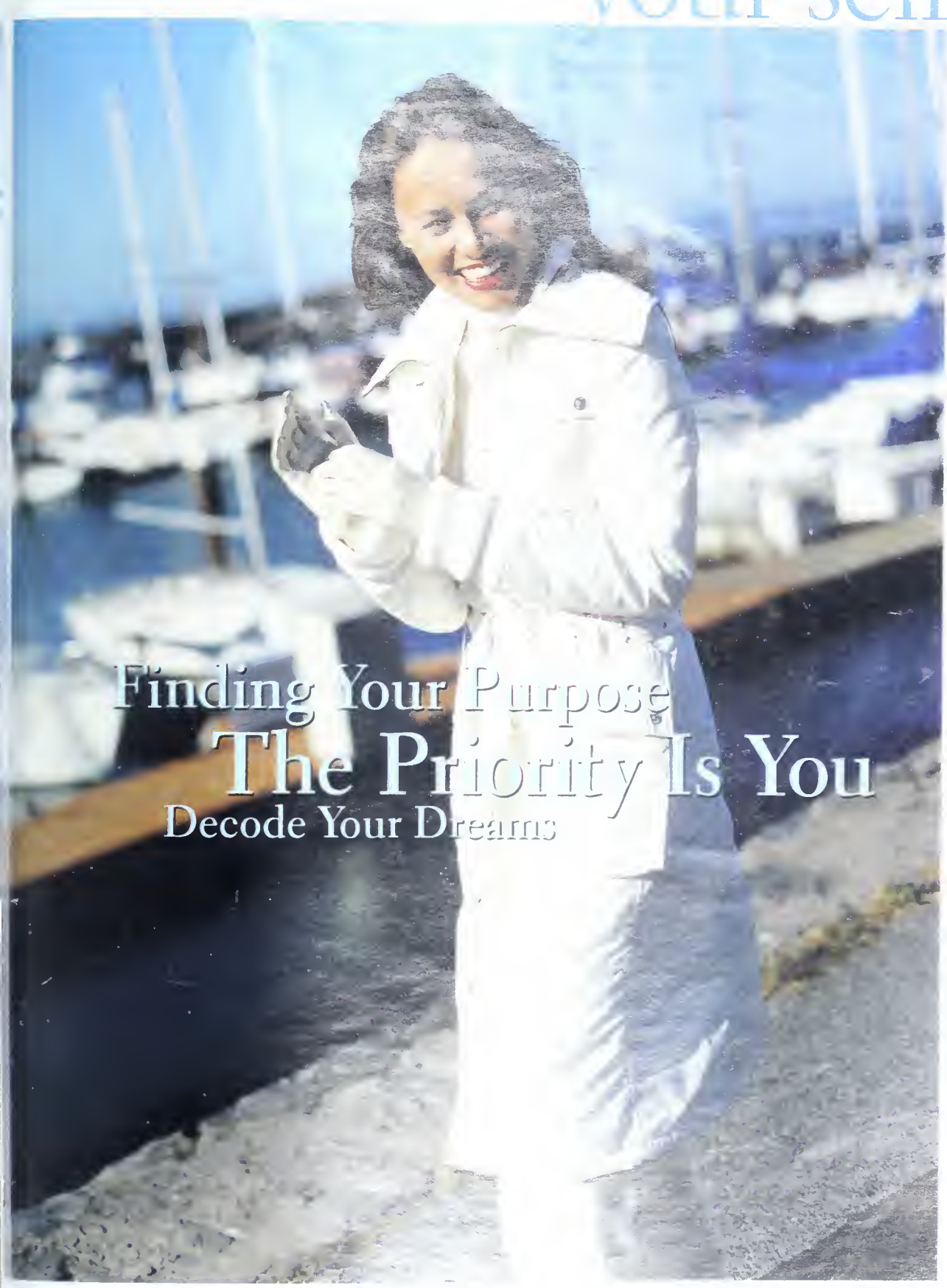
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WHY GIVING FEELS SO GOOD

If you dole out more TLC to your friends or family than you get in return (and let's face it—so many women do), here's some news that may make you feel better. Women who give more to others emotionally than they receive are physically healthier than those who give less than they get, according to a new Finnish and Dutch study, in which the "giving" group took 50 percent fewer sick days than the "gimme" group.

Researchers speculate that because women value their traditional roles as nurturers and caregivers, they gain a greater sense of self-worth when they live up to that image. "Providing emotional support to family and friends is an important part of a woman's identity," explains the study's lead researcher, Abraham Buunk, Ph.D., member of the Royal Netherlands Academy of Arts and Sciences. That self-esteem boost has a positive effect on health because it helps regulate the pituitary hormone oxytocin, which lowers cortisol levels and blood pressure. —*Kimberly Papa*

Who's Really Who in Your Dreams

Ever have a dream where, midway through, one character morphs into another? Your neighbor, for example, turns into an untrustworthy former friend?

Don't dismiss such strange castings as meaningless. These switcheroos can reveal important insights your subconscious mind is offering up about your true feelings.

During REM sleep, our logical thought processes become less linear and more emotional, explains Ernest Hartmann, M.D., professor of psychiatry at Tufts University School of Medicine, in Boston, specializing in sleep disorders. "We draw important parallels and connections between people, driven by emotion, including those emotions we push away when awake," he says. Your dream may be an acknowledgment of suspicions about your neighbor.

To decipher such associations, keep a dream journal. If you notice recurrent themes, you may uncover feelings that help you understand and better handle yourself or a relationship. —*Katie Brophy*

Nearly **70%** of us speak baby talk to our pets, found a recent LHJ.com poll of 1,106 people. If you include those who confess to canine cooing only when in private, the number's up to 80 percent.



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LIVING A PASSIONATE LIFE

Go ahead, have an affair—with life, that is! Here's how to connect to the passions that make you feel most alive

By Gail Sheehy

Passion is the central motivation of all human activity. And the pursuit of a passionate life is a conscious choice—one that it is never too late to make.

What do I mean by the pursuit of a passionate life? Let's start by what I *don't* mean: It is not merely a search for a new hobby or a new romance, as rewarding as those may be. Rather, it is a new concept of self in the world, one that generates exhilaration and commitment to the future. As women approach midlife, even those who are basically content, who enjoy an exciting professional life and an enviable marriage, may start feeling an indefinable itch, a sense that something is missing. That something is a new dream.

Committing to a new dream will draw upon a dimension of yourself that either has fallen dormant or was never allowed expression in the first place. You may have to reach way back into adolescence to touch it. Think of an activity you loved so much that hours would slip by unnoticed while it occupied you. Imagine the person you used to dream of becoming. From your current vantage point, these reveries may seem impractical or irrelevant. But they may set off a spark that will bring color and vitality into your everyday existence, preventing it from becoming a rut or trudge down the same old road.

I bumped, quite literally, into an embod ment of this principle on a New York Ci sidewalk one evening when I heard m neighbor Madeline singing "On the Stre Where You Live." She wasn't just hum ming; she was swinging her arms an warbling at full volume. Madeline is a attractive woman in her 50s, someone wh usually projects a confident, cosmopolita attitude befitting her seemingly glamorou existence, living half her time in Europ with a successful husband.

What I didn't know, until I talked to her i depth, was that Madeline had been depresse and in limbo for at least five years. It ha taken her that long to extract herself from marriage that had lost sexual and emotion intimacy. After surviving an affair with younger man, the departure of her son f college and a bout with breast cancer, she ha tried living by herself. Valiant attempts immerse herself in the singles scene had on deepened her loneliness. At that point she rea ized that, for her, the path out of darkne would not be through sex or r mance. "I've just come from a voi lesson," she whispered that night the street, sounding as

CONTINU



EXCERPTED FROM *SEX AND*
ANGEMENT WITH RANDOM HO

excited as a child. "I keep singing this song! It's like not being able to eat enough chocolate."

She explained that singing was something she'd always loved, but whenever she sang, her husband and son would shush her, saying her voice was drowning out the radio or stereo. It was only now, at 57, that she was finally indulging her passion by taking voice lessons. No, she'd never achieve her girlhood dream of singing backup for Stevie Wonder, but that was hardly the point. She said that singing gave her physical pleasure and had revived her hunger for intimacy, physical touch, someone to dance with. "It gives me a passionate thrill," she confided with unguarded delight. "I can only liken it to that feeling of having just met someone you really like. It feels as if I have a crush on singing."

After hearing all this, I wasn't surprised when Madeline told me she'd started dating again. There is a vital link between following a dream and reopening the pathway to sexual pleasure, intimacy and companionship. The object of both pursuits is the wish to achieve mature love and a sense of meaning and purpose.

Madeline had reached a stage I call Second Adulthood, which stands in vivid contrast to First Adulthood. In our First Adulthood, we survive by figuring out how to please and perform for the powerful people who protect and reward us: parents, teachers, mates and bosses. The great transition in the passage to Second Adulthood for women is to move from pleasing to mastery. It is then that a woman is fully ready to speak with her own voice.

THERE IS A VITAL LINK BETWEEN FOLLOWING A DREAM AND REOPENING THE PATHWAY TO INTIMACY

Second Adulthood is an ideal time to follow yet another path to a passionate life—spiritual exploration. In most Western cultures, we are led to believe that the spirit is separate from the mind and body. As a result, many of us confine our spiritual searching to a single day of worship. Or we find ourselves half hoping for some life-altering spiritual awakening or "religious experience" that will lift us out of our ordinary consciousness.

In fact, we can build spirituality into our daily routines by meditating, praying, practicing yoga or even taking a brisk walk to clear the mind and release those wonderful feel-good hormones called endorphins. (Any of these options beats having a cigarette, another cocktail or a blowup with a loved one.) Taking a spiritual path requires no specific orthodoxy. It does not expect clear answers. What it does demand is reading, thinking and contemplation of the great questions of life and death, faith and doubt. The pilgrimage is the point.

Once you commit to pursuing a passionate life, any one of these paths may start you off. A sexual resurgence may be the stimulus for a personal renaissance that is also spiritual. A spiritual awakening may trigger a renewed commitment to following a dream. Any or all of these paths can gradually transform a two-dimensional young woman into an immensely more alluring "seasoned" woman. Sex, passion and soul go together. Do what you love and love will likely find you.

If the pursuit of a passionate life were set to music as a symphony, I believe it would have five movements, each flowing organically into the next. Every woman can set her own tempo when it comes to taking the steps I've identified, but each step, I believe, is a crucial one along the journey.

1. Reawaken to romance. If your heart and mind are open to the idea of a personal renaissance, something or somebody will surely ignite your imagination and you will once again feel the romance of the new. This could be the amorous rush a long-married couple feels on a first holiday together after dropping their youngest child at college or it could be, as with my neighbor Madeline, the undeniable thrill of daring to chase a dream long deferred.

Whatever the source of the electricity, it's a surge that reminds a woman she's still a woman. Whether she finds an outlet for this energy in a new relationship, a new dream or a new spiritual focus, she is pursuing a passionate life.

2. Learn to be alone with your new self. After the initial rush of rediscovered romance subsides, a woman needs to carve out time to seek her new identity. A woman I know in Phoenix has just begun this process. "I'm reexamining everything," this 51-year-old mother of three told me. "Who CONTINUED


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am I? Who was I? I don't know how much of me is even present in my life at this point." She hasn't gotten to the thorniest question of all: "Who do I *want* to be?" To answer that, she will need to shed outgrown roles and old "shoulds" that are now superfluous, and uncover what she loves about herself and what more she might be.

This is the perfect opportunity for a woman to launch an affair—with herself. For example, do you know how to go out to dinner alone and genuinely enjoy it? Have you taken a trip by yourself? Learning to love your own company allows for growth of the mind and a widening of your future possibilities.

3. Stop deferring your dreams. It's interesting that when I talk to women in midlife, the most common phrase of defiance I hear is "I don't want to defer anymore." There is usually a double meaning. First, they are usually saying that they no longer want to defer to a husband's wishes just because he's a man. And second, they no longer want to put off exploring their own dream. Of course, that dream can be fulfilled within an existing marriage; indeed, a great reward of pursuing a passionate life within a committed relationship is the joy of sharing that project with a partner.

But whether single or attached, you must be bold enough to think outside the box. If you can dream it, you can do it.

4. Make a "soul connection." As a pilgrim on the journey to Second Adulthood, you will discover the need to connect deeply with someone who loves and respects the pilgrim soul in you. The soul, of course, is a tricky concept to define. I think of it as a person's essence—the core that remains when circumstances strip away the edifice of our well-defended lives. The person who most appreciates your essence may very well be your spouse (though it need not be). Some of the most satisfied people I've met are those in lengthy marriages who know and value each other on their deepest levels. These couples are, in the truest sense, soul mates.

Yet that phrase is too often tossed around in a superficial way, as if "soul mate" were a qualification for choosing your favorite hunk on *American Idol*. "A lot of my patients tell me, 'I have this nice relationship, but I'm not sure he's my soul mate,'" agrees San Francisco psychologist Victoria Horn, Ph.D. "They don't realize that the way you have a soul mate is to share your soul with another person, over time." This process usually takes years of giving and receiving love, testing trust and coming to believe that we are loved just for what we are. We do not *meet* a soul mate; we *forge* one.

5. Graduate to "grandlove." This is my word for the payoff stage in the arc of pursuing a passionate life. Grandlove, whether forged with a spouse or discovered with a new soul mate, is a trusted affection. If you have managed to integrate your dream into the design of your life, you are more likely to be confident of your own uniqueness.

These are not just random personality changes. Aging experts now appreciate that psychological growth and development continue throughout the life cycle. Our neurochemistry also changes as we get older, and a shift occurs in the proportion of male and female sex hormones. The ratio of testosterone to estrogen in a postmenopausal woman may be up to 20 times higher than in a woman who is still ovulating. This dominance in testosterone sparks a resurgence in women of adventurousness, independence and assertiveness. The shift in men is in the opposite direction, which may explain why many men uncover more of their "feminine" side in Second Adulthood.

If women take full advantage of their potential to develop greater strength as they get older, they graduate into wise women. If they don't do it right, they can turn into foolish women—the ones getting face-lifts that turn their countenances into marble, clinging to their adult children because they have no other sources of affirmation or talking constantly about what they accomplished at 35 because they stopped there.

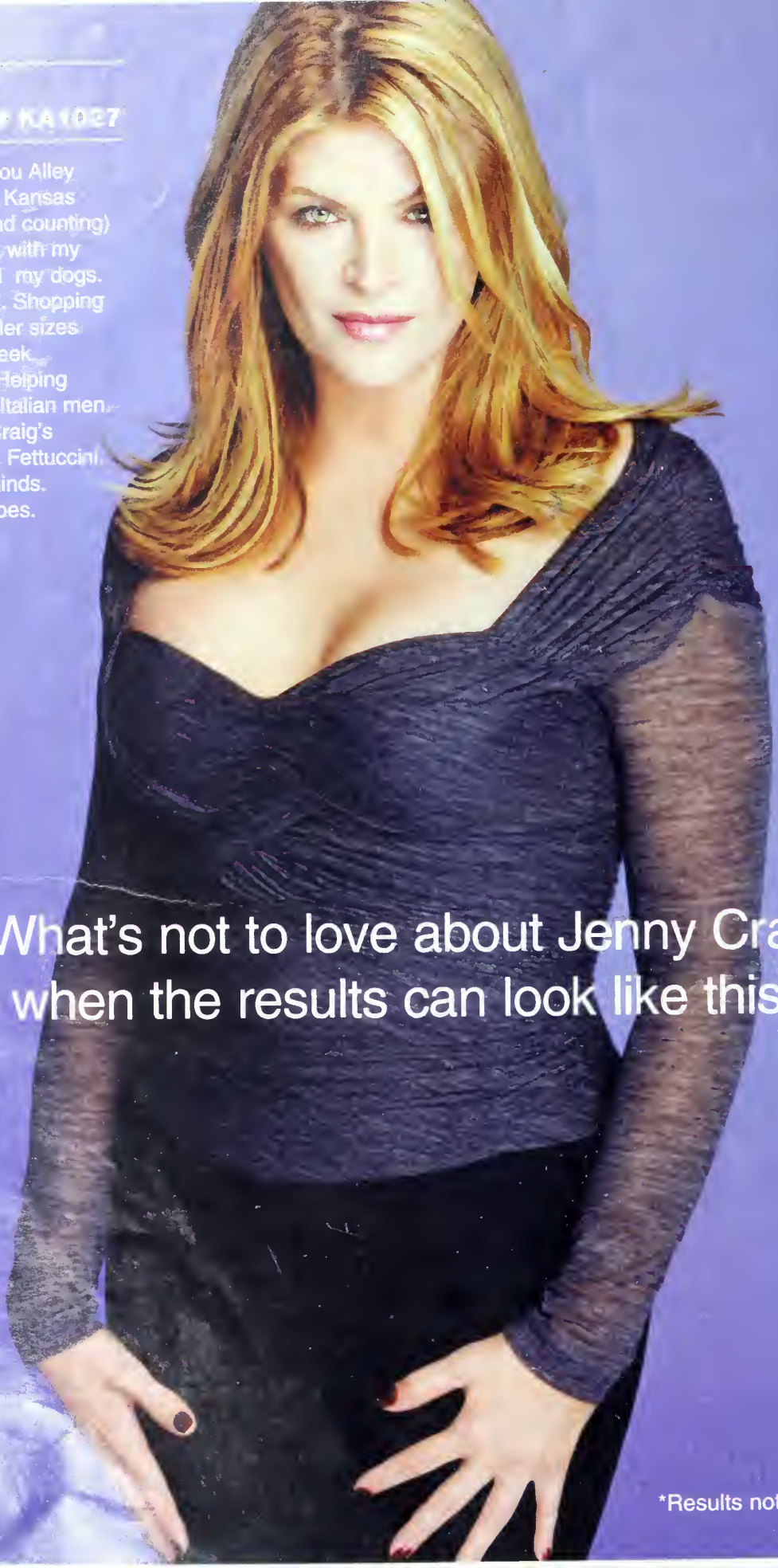
As we advance to Second Adulthood, most of us are looking for depth, for meaning, for value—within our sexual lives, our companionable lives and our lives in the community. A shorter time to live favors growth of the communal heart. In the grandlove stage, we embrace a passion or a cause or a meaning that we hope might even transcend our own mortality. That way, when we do reach the final stage of adulthood, we can say, "yes, my life had worth."

MIDLIFE HORMONAL CHANGES SPARK SURGES IN ADVENTUROUSNESS AND ASSERTIVENESS


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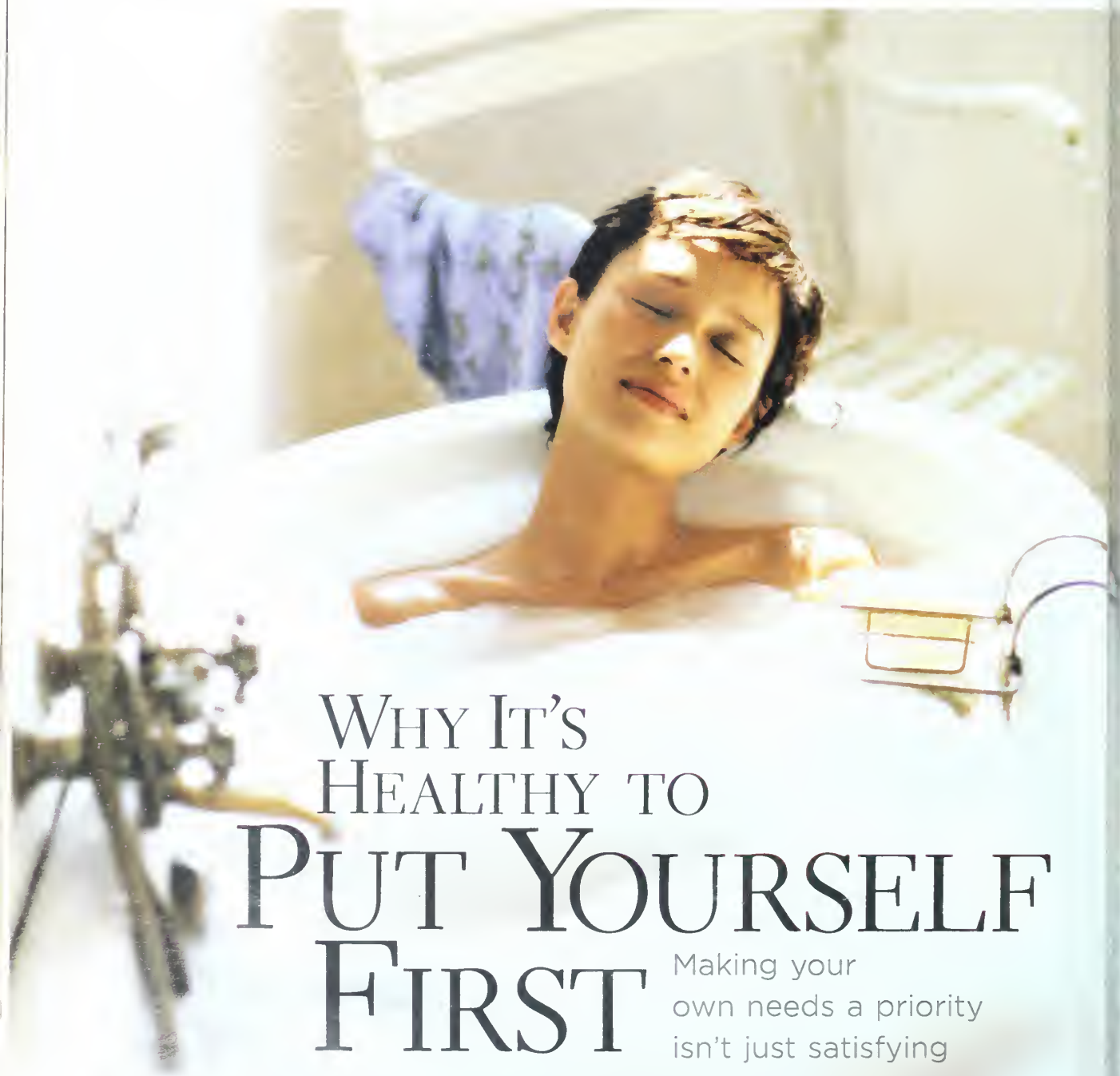
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Why It's Healthy to Put Yourself First

Making your own needs a priority isn't just satisfying for the soul—it also helps you decrease stress and live your dreams

EXCERPTED FROM THE FORTHCOMING BOOK *HEALTHY SELFISHNESS, GETTING THE LIFE YOU DESERVE WITHOUT THE GUILT*, BY [illegible] AND RICHARD HELLER. COPYRIGHT 2005 BY DRS. RACHAEL AND RICHARD HELLER. PUBLISHED BY MEREDITH BOOKS.

Healthy selfishness is an important ingredient in living a full life, and its presence—or lack of it—can be felt in both the biggest issues as well as the smallest details. Actually, if you want to know the truth about a couple's relationship, examine their bathroom. Whose stuff gets more territory or the most convenient space? Does the couple share towels, razors and toothbrushes? Who gets more time in there, and whose schedule takes priority?

If you want some insight into yourself, your bathroom habits will reveal that as well. How much time do you take in the shower or tub? Do you take care of your kids while you're in the bathroom? Do you feel compelled to answer the phone in there, too? Do you wish you had more time to relax, all alone, behind a closed door?

Bathrooms are among the few remaining sanctuaries in our daily lives. They offer us a respite from interaction and stress and even have the potential to provide emotional and spiritual replenishment. In this sense bathrooms make a good metaphor for the pleasures of healthy selfishness—the common sense approach to getting what you deserve out of life without feeling guilty. Healthy selfishness is a way of thinking and acting in which there is a deep appreciation and concern for yourself. It includes a willingness to respect your own feelings, desires and needs as well as to trust your knowledge, ability and experience. Healthy selfishness involves accepting your weaknesses and imperfections without beating yourself up. It means nurturing yourself and loving yourself unconditionally. In a practical sense, it means doing such things as resting when you're tired or asking for emotional support without apology.

Many psychologists see healthy selfishness as a higher level of mental functioning that can help you reach your full potential.

By
Drs. Rachael
and
Richard
Heller

People who practice healthy selfishness have a zest for living, a joy that comes from savoring one's accomplishments. Healthy selfishness opens the door to a life of freedom—freedom from being ruled by the opinions and demands of others as well as freedom from the voices in your own mind, often left over from childhood, that judge and blame you relentlessly.

However, for the majority of Americans, healthy selfishness remains just out of reach. What we practice instead is self-denial, the sacrificing of our needs and desires in order to fulfill those of others. Self-denial often stems from guilt and feelings of unworthiness. It can be a hallmark of a childhood in which we may have felt fearful and powerless, our needs were disregarded or ignored, we were judged unfairly and found wanting (especially in comparison to others), and our efforts and achievements were rarely acknowledged or appreciated. Self-deniers give up their most basic needs not because they want to, but because they find it almost impossible not to. Their feelings, thoughts and ways of coping do not stem from any shortcomings but are the results of having denied themselves for too long. The characteristic feelings, thoughts and ways of coping among self-deniers are the exact opposite of those who have a healthy degree of selfishness. The former are typically anxious, indecisive and sensitive to criticism, while the latter feel peaceful and content, make decisions confidently and accept constructive criticism. Self-deniers are often perfectionists who worry obsessively; their counterparts are realists who actively solve their problems.

The true cost of self denial is high. In failing to put our own needs first, we hope or assume others will give to us as we give to them. But they don't. And an unhealthy dynamic begins: We attempt to comfort ourselves with rationalizations and to convince ourselves that others would give back if they could. We attribute their inability to overwork and other pressures and tell ourselves they're unaware that their lack of sensitivity or concern causes us pain. We may accuse ourselves of being "overly sensitive" or of "making too much of it." Finally, there are the old standby excuses that totally absolve others of all responsibility. "That's just his way," we say, then shrug and pretend to let the matter go. But we don't let it go, and our resentment of this lack of reciprocity festers within. Ongoing self-denial can [illegible] symptoms of depression, extreme impatience, fits of [illegible] and sickness. In the grand scheme of self-[illegible] unheeded.

[illegible] "You're driving me crazy!" Even as [illegible] you may fail to hear the truth in your [illegible] random shouts of frustration, but [illegible] of what is happening to your [illegible] stress an

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inevitable result when you've exhausted your time, patience and energy. Denying your need to stop taking care of someone else may be one of the greatest stresses you can endure. Stress can lead to headaches, digestive problems, skin disorders and insomnia. High levels of the hormones cortisol and insulin, which are associated with stress, have been shown to damage arteries and increase the body's ability to make and store fat; they also accelerate wear and tear on muscles and organs—even bones. An increase in stress hormones has been linked to stroke, heart attacks and cancer.

So think of it this way: Your sacrifices for the good of others may end up being far more of a sacrifice than you ever imagined. While putting your needs ahead of the demands of others can't guarantee that you'll stay well or live to your 100th birthday, a fair portion of healthy selfishness is likely to reduce the psychological and physical stress that can lead to illness. A daily dose of healthy selfishness may do more than make you feel good—it may be just what the doctor ordered.

How many psychiatrists does it take to change a lightbulb? Just one, but the lightbulb has to really want to change. In that joke lies a great truth. If you want a better life and to get what you deserve, you have to want it, and badly. The desire to change lies below your fears, deep down in your soul. It's that part of you that longs to say, "I'm tired of this and I'm not going to take it anymore." When you feel this strongly, all you need is a bit of guidance and encouragement. Wanting to change doesn't mean that you must do it right away. It's your choice to move slowly, moderately or quickly based on circumstances and personal preference. And it's best to tackle one problem area at a time so you don't get overwhelmed. This is your first official act of rebellion against the voices that dictate your most private choices. Put yourself in control. Here are your options:

ALTHOUGH QUICK CHANGE CAN BE EXHILARATING, BIG LEAPS SHOULD BE RESERVED FOR THOSE WHO HAVE NO OTHER CHOICE

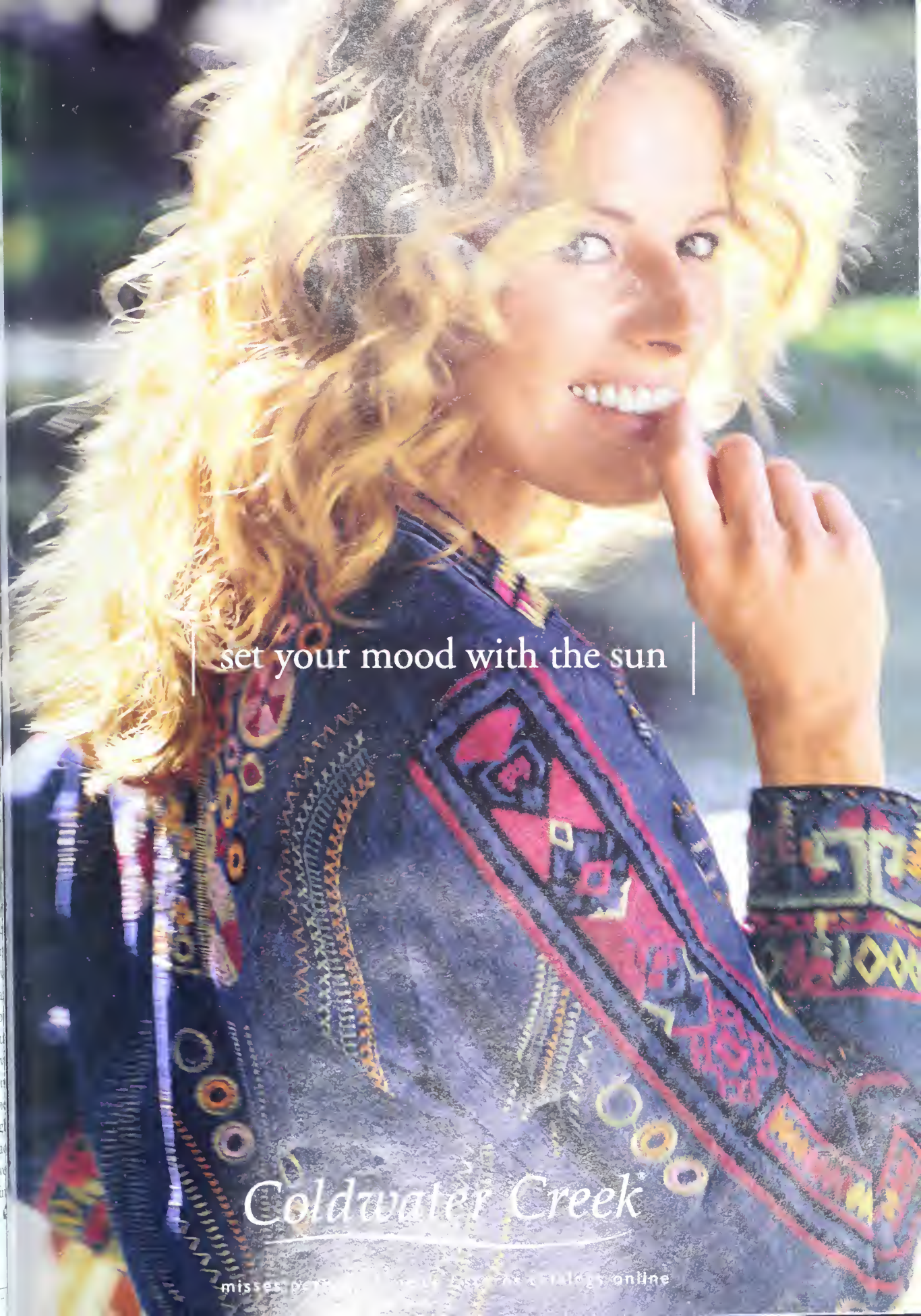
Small steps. This involves a commitment to change by staying focused on your needs. These are actions you take every day, choices that may seem insignificant individually. For example, reading this article is an action of intent that shows you want a more productive life. Small steps can also make your life and relationships more rewarding while reducing the resistance you encounter. Let's say you're constantly chauffeuring your teen daughter around; maybe you're n ready to refuse her request, but you ca simply not offer to drive.

Longer strides. This requires a comm ment to taking action by finding a midd road of compromise. Longer strides lead intentional actions, setting boundaries an holding your bottom line. For instance, yo might tell your daughter that you intend limit the number of times you'll act as h driver and ask her to come up with a ne arrangement that would fulfill both yo needs. At times, longer strides may lead to rocky path of confrontation and oppositio This is the choice of the truly frustrate sometimes brave and often desperate.

Life-changing leaps. This involv making unilateral decisions and acting o your own behalf without the input of ot ers. Life-changing leaps are reserved f people who feel they have no other choic Although quick, profound change can b exhilarating, it can be followed by se doubt and fear of repercussions. For exa ple, you might place strict limits on th number of times you'll act as driver f your daughter, along with requiremen regarding how much advance notice you need. Then, if you weren't given enou notice, you'd refuse the request even your daughter responds with threats temper tantrums.

As you begin to focus on your nee you'll see it can make a world of differenc Saying no to a pushy mother-in-law's ins tence that you have holiday dinner at h house can make you feel like a new woma Refusing to feel guilty and running to t rescue when your teen is out of money c make you feel you're the kind of parent y always knew you could be. Telling yo mate that you're too tired to make lo instead of just going through the motio can make you feel far sexier the next tim Freedom and joy come from simple, sing acts of healthy selfishness, and each a feeds the next until suddenly you discov that you are living the honest and satisfyi life you always dreamed of.

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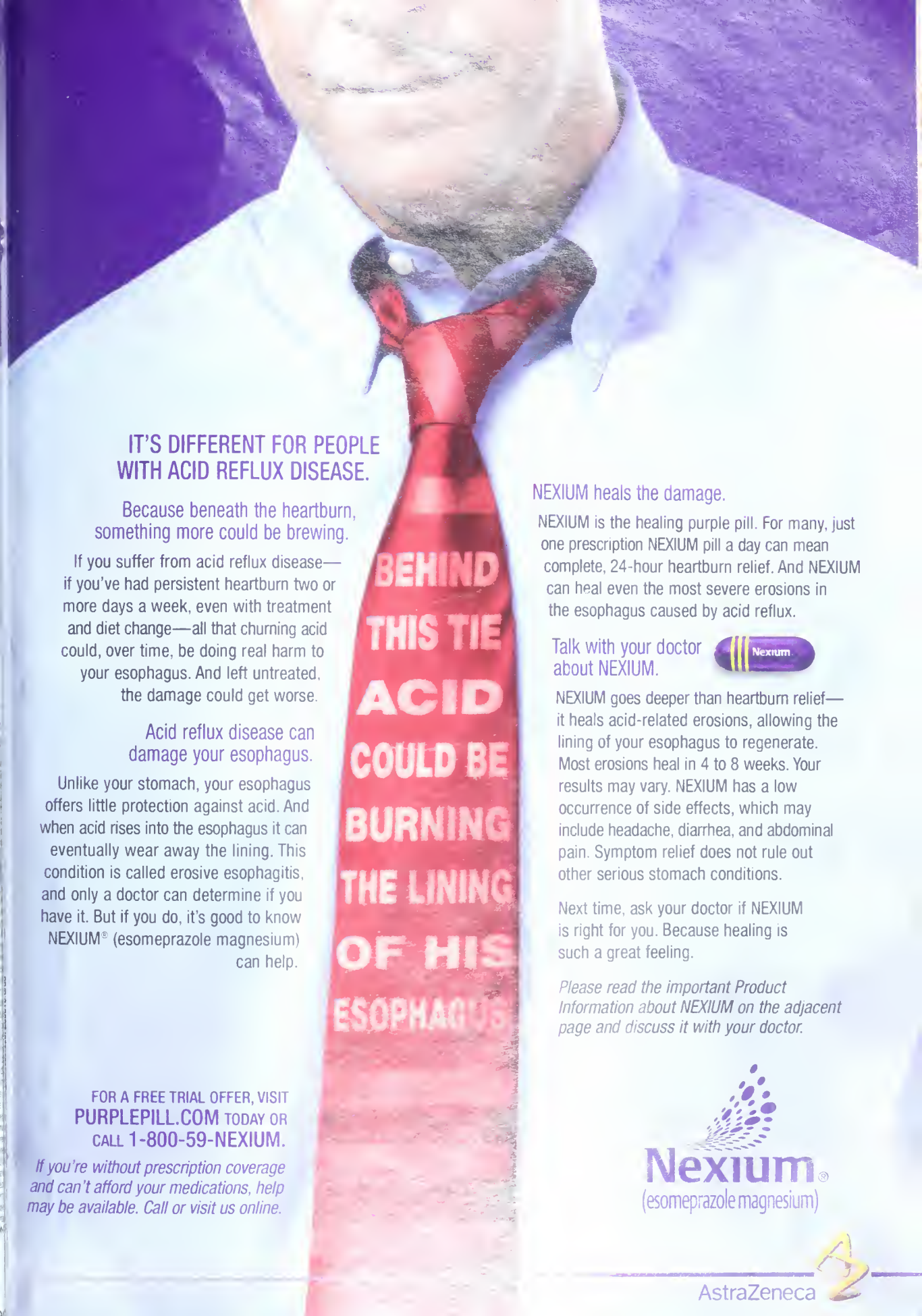
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NEXIUM® (esomeprazole magnesium)

20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis. Maintenance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months) and for the treatment of heartburn and other symptoms associated with GERD and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information for Patients** NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened. The pellets should be carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Post-marketing reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Changes in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant administration of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically relevant changes in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts, digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed in esomeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day, 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one series, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year then given an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was small (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one rat is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence but the study was inconclusive. Esomeprazole was negative in the Ames mutation test; in the *in vivo* rat bone marrow cell chromosome aberration test; in the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test; the *in vivo* mouse bone marrow cell chromosome aberration test; and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects Pregnancy Category B* Teratology studies performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following istration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reactions made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies a decision and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in trials, 1459 were 65 to 74 years of age and 354 patients were ≥75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in 15,000 patients (aged 18-84 years) in clinical trials worldwide including over 8,500 patients in the United States and over 6,500 patients in Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively, and diarrhea (no difference between groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system: ***Body as a Whole*** abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, flu-like fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors. ***Cardiovascular*** flushing, hypertension, hypotension. ***Endocrine*** goiter. ***Gastrointestinal*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting. ***Hearing, Vision*** ***Hematologic*** anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia, thrombocythemia. ***Hepatic*** hepatic function abnormal, SGOT increased, SGPT increased. ***Metabolic/Nutritional*** glycosuria, hypercuricemia, hyponatremia, alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease. ***Musculoskeletal*** anthralgia, arthritis, aggravated, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica. ***Nervous System/Psychiatric*** anorexia, apathy, appetite increased, depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, neuralgia, neurosis, disorder, somnolence, tremor, vertigo, visual field defect. ***Reproductive*** dysmenorrhea, menstrual disorder, vaginitis. ***Respiratory*** vated coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis. ***Skin and Appendages*** acne, angioedema, dermatitis, pruritus, rash, rash erythematous, rash maculopapular, skin inflammation, sweating increased, urticaria. ***Special Senses*** otitis media, parosmia, taste perversion. ***Urogenital*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, moniliasis, polyuria. ***Visual*** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events included esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or lumps, esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of symptomatic esophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM were headache (3.8%) and abdominal pain (3.8%). Postmarketing Reports – There have been spontaneous reports of adverse events with the use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, including epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Rarely, hepatitis with jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omeprazole insert. **ADVERSE REACTIONS** section. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose on a body surface area basis) was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory rate, ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been received on overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Most of the information available is limited to cases of



IT'S DIFFERENT FOR PEOPLE WITH ACID REFLUX DISEASE.

Because beneath the heartburn, something more could be brewing.

If you suffer from acid reflux disease—if you've had persistent heartburn two or more days a week, even with treatment and diet change—all that churning acid could, over time, be doing real harm to your esophagus. And left untreated, the damage could get worse.

Acid reflux disease can damage your esophagus.

Unlike your stomach, your esophagus offers little protection against acid. And when acid rises into the esophagus it can eventually wear away the lining. This condition is called erosive esophagitis, and only a doctor can determine if you have it. But if you do, it's good to know NEXIUM® (esomeprazole magnesium) can help.

NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just one prescription NEXIUM pill a day can mean complete, 24-hour heartburn relief. And NEXIUM can heal even the most severe erosions in the esophagus caused by acid reflux.

Talk with your doctor about NEXIUM.

NEXIUM goes deeper than heartburn relief—it heals acid-related erosions, allowing the lining of your esophagus to regenerate. Most erosions heal in 4 to 8 weeks. Your results may vary. NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Next time, ask your doctor if NEXIUM is right for you. Because healing is such a great feeling.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

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Nexium®
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AstraZeneca



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Maximize your lips' best feature with this unique formula. Simply apply our clinically proven treatment to your lips three times daily and its natural proteins will then absorb deep within to hydrate, plump, refine and fullness. Amazingly, in just 30 days you will not only notice a reduction in the appearance of fine lines and wrinkles but you will also experience an increase in volume by up to 4%. To learn more about the clinical science of Modèle, see our complete line of skin treatments in the skin care section at your local drugstore or visit **clubmodele.com** for store locations.



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AGE LESS



Hair-Color Handbook

The Return of Romance

Winter Skin Rx



Heartfelt Beauty

This month, health and beauty intersect when you buy these items. A portion of proceeds will help fight heart disease and you'll get this cute red pin with the first two treats listed. (See "How to Prevent a Heart Attack," pages 152–178.)

- All proceeds of Parfumania's Red Dress Fragrance, $39.99, a sexy blend of mandarin, rose, jasmine and musk, benefit the American Heart Association.
- Buy DERMAdoctor's Little Red Dress Chic Tint, $28, a liquid blush and lip stain with antioxidants, and 25 percent of profits go to the American Heart Association.
- Remove facial shine with the Nurturing Force's Refreshment for Your Face Blotting Papers in Aromatic Rose, $14; 20 percent of the sales support the National Coalition for Women with Heart Disease.



PATRICIA'S PICK

A Skin-Perfecting Foundation



Beauty Director Patricia Reynoso

Every woman should own a great foundation, one that covers what needs covering without ever looking fake or masklike. A tall order, I know, but one that has just been filled by Elizabeth Arden's Ceramide Plump Perfect Makeup SPF 15, $39.50. I was drawn to its creamy and slightly dewy texture (very unfoundation-like, I thought), but I was even more impressed by the powerful antiaging ingredients jam-packed into this elegant jar. Among them: argirelene, a peptide proven to help reduce the look of lines; a ceramide complex, which helps with skin hydration; and sunscreen and skin-protecting antioxidants. This is definitely the foundation of the future.

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INDULGENCE

Get Romance-Ready!

Want to celebrate Valentine's Day without loading up on fat and calories? Then rejoice, as we've gathered makeup as well as bath and body treats that are scented or flavored with chocolate, rose or champagne. Dig in!

1 The Healing Garden Sensual Therapy Passion Rose Body Crème, $6.75, has rose extracts that sweetly scent your skin.

2 Aromatherapy Associates Renew Nourishing Rose Body Oil, $37, can have an uplifting effect on your mood and can also be used as a massage oil and a moisturizer.

3 Too Faced Box of Pink Chocolates Flavored Lip Gloss Set, $27, offers 20 chocolate-scented glosses in caramel browns, rosy pinks and berry reds.

4 Indulge Happy Hour Strawberries & Champagne Bath Sweethearts, $17.95, make for a festive bath and softens skin with cocoa butter.

LHJ.com For more beauty tips and advice, go to www.lhj.com/beaut

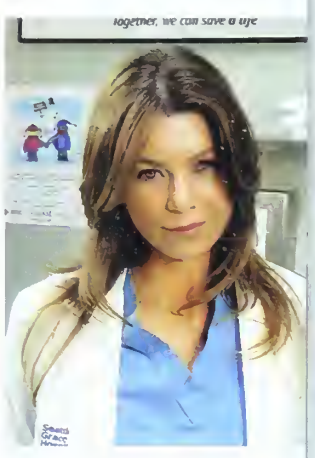
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Come Hither Eyes

Ellen Pompeo plays an overworked intern on *Grey's Anatomy*, but her alluring eyes never give away her character's lack of beauty sleep



As Dr. Meredith Grey, Ellen Pompeo does a masterful job of portraying the aura of a pressured M.D., yet she still manages to captivate viewers with her serene beauty. And when Pompeo is out on the town, her mesmerizing eyes make her a natural star. Not surprising, since the 36-year-old Massachusetts native has appeared in numerous movies, including *Moonlight Mile* and *Catch Me If You Can*, which of course have helped make hers a household name. Here's how she uses minimal eye makeup to look positively terrific.

Get Her Look in 4 Simple Steps

Step 1: Dot brown eyeliner (try Wet 'n' Wild Brow/Eyeliner Pencil in Dark Brown, 99 cents) along your upper lash line, getting as close to the root of the lashes as possible. Blend with a cotton swab. Step 2: With your finger, press a creamy eye shadow in a flesh-toned shade over your entire eyelid and up to the crease (try Jouer Eye Color in Chiffon, $18). Step 3: Add a coat of lengthening mascara (try Mary Kay MK Signature Ultimate Mascara, $15, in Black/Brown) to separate your lashes and set off your liner and shadow. Step 4: Use a clear brow gel (try Maybelline New York Great Lash Clear Mascara, $6.15) to shape and tame your brows for a final touch of eye wow! —*Patricia Reynos*

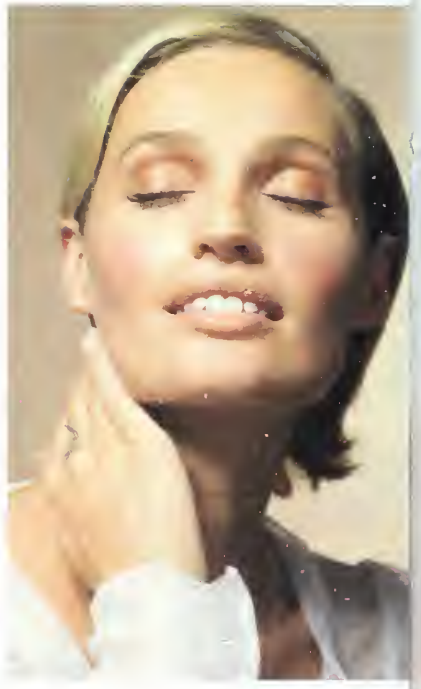
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Go beyond moisturizing for effective control over sensitive skin
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from the skincare experts at
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PURPOSE
Helps Visibly Reduce Redness
Fragrance Free

Healing Help for Dry Skin

These new hydration products let your face, hands and body drink in moisture



1 FACE FRIENDLY

2 BODY-LICIOUS:

3 LUSH LIPS: Steer clear of long-wear lipstick formulas, which tend to be more drying, and use lip gloss instead.

4 FINGER FACTS: Wear gloves and mittens. Covering your hands when you're outdoors buffers your skin from the elements and will help curb moisture loss.

The Cause

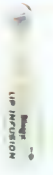
Lips have no oil glands, making them especially vulnerable to the cold. "Frequent lip-licking and the evaporation of saliva that follows it can leave the lips cracked and dry," says Jennifer L. Rudolph, M.D., practice director of Skinklinic, a medical spa in New York City.

The classic culprits—lower humidity levels and indoor heating—apply, as well as using overly hot water to cleanse. "A shower that's too hot causes blood vessels to dilate, which results in water loss," says David Avram, M.D., a New York City dermatologist.

Exposure to the elements and frequent washing without immediately hydrating the skin robs your hands of moisture, warns Dr. Rudolph. These conditions can also dry out your fingernails and cuticles, leaving them brittle and prone to splits.

Overly perfumed soaps can strip natural oils from your skin. Vigorous drying with a towel also removes moisture. In addition, areas where your skin rubs against clothing, such as the hips and backs of arms [illegible] can also lose moisture from friction.

The Quench



Moisturize with a powerfully hydrating lip balm. Try Blistex Lip Infusion, $2.49, a liquid lip balm that quickly penetrates the skin. It also contains lanolin, an emollient ingredient that is occlusive, which inhibits water loss.



Boost moisture with a skin mask treatment. Try Crabtree & Evelyn Skin Care Remedy Rejuvenating Mask, $28, which softens with amino acids and soothes with honey and willowherb.



Get a hand lotion that also softens the cuticle, which can crack in cold air. Try Vaseline Healthy Hand & Nail Lotion, $6.49, with alpha hydroxy acids, vitamin E and nail-strengthening keratin.

Luxuriate in a hydrating body wash that replenishes. Olay Body Wash plus Crème Ribbons with Almond Oil, $3.99, cleanses with a rich lather while depositing petrolatum, a highly potent moisturizer, and almond oil. You won't need to moisturize afterward!



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*on heart healthy vitamins and supplements.**



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elps maintain cholesterol levels
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powerful weapon in supporting
art health & healthy circulation.*

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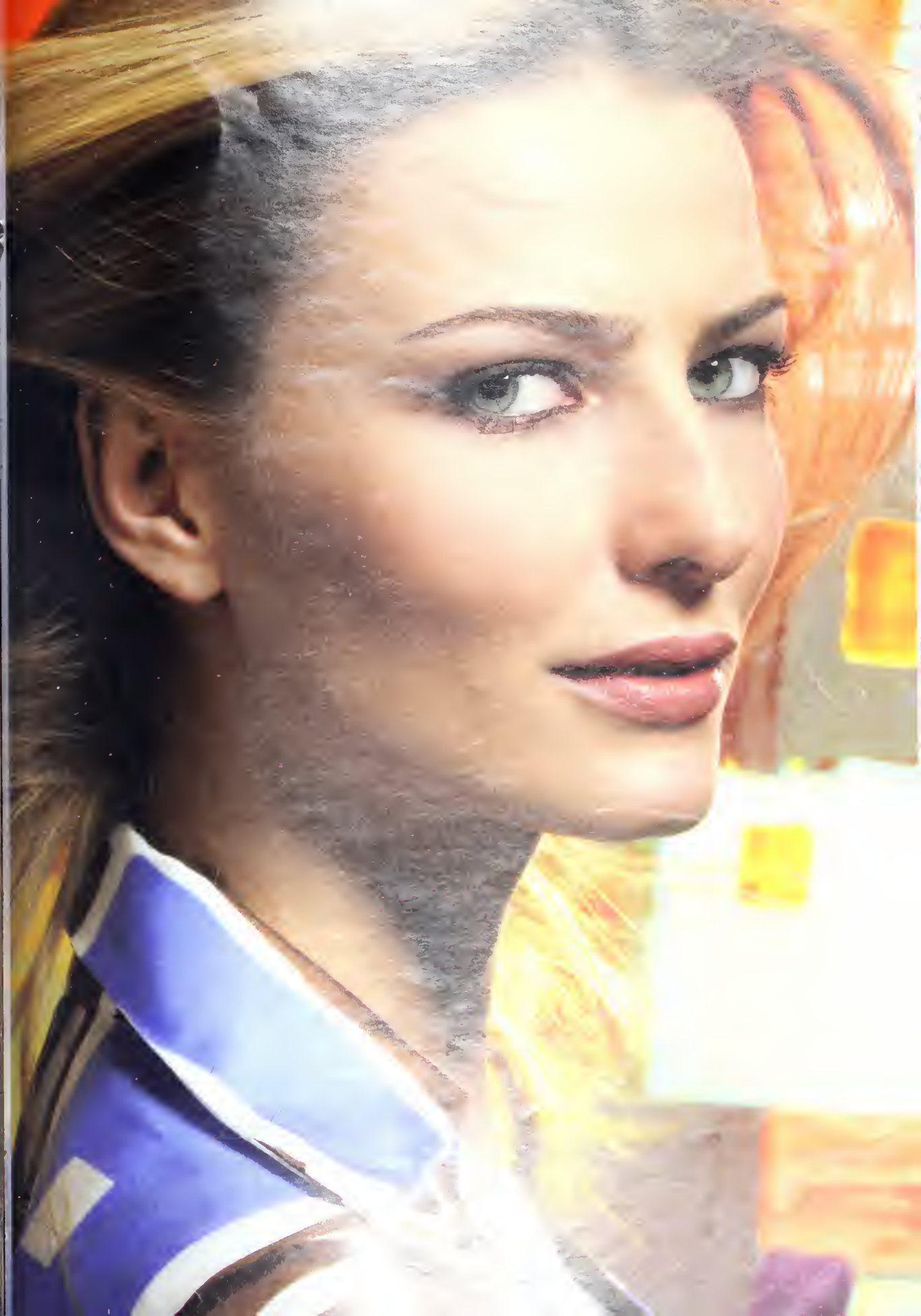
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Color With Confidence

Our home hair-color handbook will help you look as though you stepped straight out of the salon

There's a lot to love about today's home hair color, starting with the fact that you can get rich and gorgeous hues without ever compromising the health of your hair. What's more, many contain conditioners that make coarse hair shiny and give fine hair plenty of bounce. So here, for your enjoyment (and information) is our goof-proof guide to at-home hair color that will garner you all the compliments you—and your hair—so richly deserve!

PHOTOGRAPHED BY FERNANDO MILANI PRODUCED BY CARLA ENGLER TEXT BY PATRICIA REYNOSO





Step 1 Clarify Your Color Goals

What's the difference between semipermanent, demipermanent and permanent hair color?
Each term refers to how significantly the formula will change your current color (and cover gray) as well as how long these effects will last. Are you interested in enhancing your current color or in trying out a new layer of color, such as a red tone on brown hair? If so, try a semipermanent formula, such as Clairol's Natural Instincts, $7.99, or a demipermanent formula, like L'Oréal Color Spa Moisture Actif, $6.49; both wash out gradually (five to eight shampoos for semi, up to 28 shampoos for demi) without any noticeable roots. If you're looking for a long-term change, or to cover gray hair, then you'll be happier with a permanent formula.

I'm not sure which color would look best on me. Do you have any pointers?
It's often difficult to get a good reading on what color best suits you, especially if you've been dyeing your hair for a long time and have lost track of your natural color. First, look at your hair in bright daylight, since many women underestimate how light their hair already is. Second, use your skin tone and eye color to guide you toward your best shade. It all boils down to determining whether you're "cool" or "warm" toned. Once you're clear on that point, pick colors that are in those families. Still confused? Don't be:
You're COOL if ... you have fair skin and blue or green eyes. Avoid gold, yellow or red tones in your hair color, as they will make you look sallow.
You're WARM if ... you have golden, olive or dark skin and brown or dark eyes. Avoid hair colors with tinges of blue, violet or white, as well as jet black hair, any of which will wash out your complexion.
Also, use the Web Imagine sitting at your computer and answering a simple quiz that tells you exactly what color and formula you should buy. That's a reality now, since most major dye makers have such services on their Web sites. You can also usually see a quick video demonstration of color application. As a bonus, Clairol's Web site (*www.clairol.com*) allows you to upload your own photo and experiment with different hues.

I am overwhelmed once I get to the drugstore. Can I go by the color I see on the box?
Ignore the lady on the box. Consider the model's hair color not to be a guide but not the ultimate barometer of how your hair will turn out. Everyone's hair, by nature, will accept new color differently. Instead, use the color names your shepherd. Typically they are divided into groups (blacks, browns, blonds, reds) and further divided into light, medium and dark, and topped by descriptors such as warm, cool, ash to describe the color's tone. Use these descriptions as a guide to help you narrow your choices to settle on the right shade. The boxes have even got a foolproof tool: Clairol's Natural Match hair coloring kit, $11.99, which features a matching strip for comparison of your current color with the color on the box.

CONTINUED

I'd love to have highlights. Is this too risky to try at home?

The best candidates for at-home highlights are women with virgin hair (that is, women who have never colored their hair) who want to add a few streaks that are just a notch lighter than their natural color. We like Revlon's new Custom Effects Highlighting Kit, $10.99, which comes with a built-in toner that fine-tunes your new streaks—ensuring a natural look—without affecting the uncolored hair. Avoid major wreckage by following these tips:

- Be artistic: Make sure to space the highlights apart widely enough, working with a few strands at a time, so you don't end up with unflattering chunks of light hair. It's also a good idea, the first time out, to lighten just a few strands around your hairline. You can always add more.
- Be patient: Leave on mixture for the allotted time. Rinse it off too quickly and you won't see any highlights; keep it on too long and you might end up with unnatural super-light strands.
- Be careful: Lift the targeted sections up and away from the rest of the hair. Apply color sparingly at the root (the heat from your scalp makes it develop faster) and thicker on the ends. This will help you avoid any scary splotches or tiger stripes, says Paul Cucinello, a color specialist at the Christopher Stanley Salon, in New York City.

Why is my gray hair so difficult to color?

Gray hair is famously stubborn because of its composition. As hair loses its natural pigment, the strands simply reflect light, resulting in gray or white hair. Also, says Samuel Shriqui, a salon owner in New York City, "the texture also becomes coarser, making it more resistant to hair dye." Hair-color companies are paying closer attention to your needs, however, with new entries such as Clairol's Nice 'n Easy Gray Solution, $8.99, designed to better cover gray, leaving you with natural-looking color. And if you're interested in enhancing the color of your gray, try Pantene's new Pro-V Silver Expressions Shampoo and Conditioner, $6.49 each. The shampoo has a violet tinge, which helps counteract the yellowing that can plague gray hair; it also moisturizes and adds loads of shine.

Step 2 Apply Like a Pro

- If your hair is very thick or long, you might need two boxes of color. Don't be caught off guard with only half your head dyed!
- Don't skip any steps in the interest of saving time. "You definitely don't want to speed up the process," warns Brad Johns, Clairol's global color director and artistic director at the Avon Salon & Spa, in New York City. "It's like making a cake. If you speed that up, you will ruin that, too." One example: Shake the color mixture for the length of time listed in the product's instructions to be sure that all of the ingredients are activated and ready to do their job.
- Distribute the mixture over your hair as though you were shampooing, but don't rub it into your scalp.
- If your hair is already colored, apply the formula to your roots only (where the hair is not dyed), wait 20 minutes and distribute it to your ends so you're not over-coloring. Wait five more minutes before shampooing.

CONTINUED





Step 3 Keep Color Bright & Shiny

Should I use color-boosting shampoos, conditioners and other treatments?
Yes, it's crucial. Such treatments are packed with extra-hydrating ingredients such as shea butter and protein to replace lost moisture. By following a regimen that includes products specially formulated for color-treated hair, you will be able to maintain that first-day vibrancy even longer.

For daily use: (1) John Frieda Luminous Color Glaze, $9.99, utilizes a blend of mild dyes and shine-enhancing silicones to condition and add shine. Use it after shampooing and conditioning. Available in Sheer Blonde, Brilliant Brunette or Radiant Red formulas.

For weekly use: (2) Dove Advanced Color Care Reviving Mask, $5.99, strengthens color-treated hair. (3) Goldwell Color Glow Color Mousse, $16.50, in five shades, maintains your color's vibrancy.

As needed: (4) Redken's Blonde Glam Color-Activating Treatment, $13.95, wakes up blond tones, while (5) Clairol's Natural Instincts Shine Happy, $6.99, revives any existing color. Use it in the shower like a shampoo; wait 10 minutes and follow with conditioner. Available in March.



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HELP! How to fix a color disaster

Uh-oh. **Your**

The most common
orange or brassy

- **If your new**
  Original Rinse Clear
  has been less than
  before the new
  make sure it lasts
- **If your color is too**
  hotline listed
  Deciding for yourself



Buckle UP

IT'S A CINCH TO UPDATE YOUR LOOK WITH THIS SEASON'S VERSATILE NEW BELTS

1. Define your waist An all-leathe belt (including the buckle) adds waist-defining style to a simple T-shirt and trousers. Belt, WCM, $95. 2. Update your jacket To give an old favorite a new look, wrap a sturdy, spring-yellow belt above the waist. Belt, Linea Pelle, $158. 3. Dress up your dress A belt worn empire style over a dress adds instant chic. Belt, Avignon, $75.

CONTINUED

NOW

CHEESE LOVERS

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Introducing new BAKED! Lay's [illegible] Cream flavored potato crisps. The irresistible taste [illegible] baked potato crisp. They're delicious, yet [illegible] promise.

Lay's

Get your smile on.

Continued from page 202

4. Wear white right. White accessories are key for spring, as you can see in this crisp belt, which quickly updates a classic shirtdress. Belt, Banana Republic, $45. **5. Show your curves.** This wide double-buckle belt emphasizes the waist and can be worn in a multitude of new ways—in this case over a sporty jacket. Belt, Lauren by Ralph Lauren, $58. **6. Add a modern touch.** Soft fabrics look fresh when you don a thick canvas and leather belt. Belt, Lauren by Ralph Lauren, $58.



Do your joints have 'can't-get-out-of-bed-itis?"



-min® can help. Flex-a-min has the Glucosamine hondroitin that actually helps rebuild and lubricate to promote joint comfort and flexibility over time.* g your mornings and your joints... comfortable.

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*. The efficacy of Glucosamine and Chond[illegible]

[illegible]nents have not been evaluated by the Food and Drug Adm[illegible]

THE LOOK OF *Love*

You'll look positively poetic with these soft and beautifully detailed blouses, jackets and skirts that set the stage for an unforgettable weekend with your special someone



A modern romance is the right mix of opposites and, in this case, the look comes from combining tailored and soft, sexy pieces, like this khaki officer's jacket over a casually undone café-au-lait silk tie blouse and dark toffee satin balloon skirt. Spring boots made of linen and leather give this outfit just enough toughness to travel in. Jacket, $98, gold lace tank, $39, both DKNY Jeans. Blouse, Banana Republic, $58. Skirt, Nicole by Nicole Miller, $44. Necklace, Cousin Claudine at Fragments, $185. Boots, Rafe.



...Christopher ... *Order: Special Victims* ... a softer ro...e in our re... than he does as ... some tough-guy detective ... Stabler. After a brief ... interrogation of our own, we ... found out that when it comes to style, Meloni usually ... to his wife, Sherman. "I spend far too much time in the closet trying to decide what to put on," he confesses. "But my wife's got a great eye for ... shirts, and ... understands what I can and cannot wear." Left to his own devices, Meloni admits he ... wear the same thing every day—white shirts and black pants. So although he may spot countless hours watching ... Style Network, he knows ... the one thing that is smart to wear on your sleeve is your heart. "I'm a romantic at the oddest times," he says. "I have a couple of friends who are jewelers, so when inspiration hits me, I'll ask them to make a ring, or a new charm for my wife's bracelet. Romance has to do with making something, be it something as simple as a dinner. I like that kind of ..." —*Alison O. White*

...into something that's ... comfortable . . . and ... This ruffled chiffon ... with pinstriped trousers ... a lovely counterpart to ...'s handsome linen shirt. ... Blouse, ECI, $68. ... Trousers, Rebecca Taylor, $... Necklaces, Roxanne Assoul... ...Lee Angel, $215 each. ... Meloni: Shirt, Nautica, $69.50.

HOME HIGHLIGHTS: ... lavender pillows, ... $49.99 each.

PHOTOGRAPHED BY ISABEL ... STYLED BY CARLA ENGLER



Above: Meditate on a modern love in a casual take on 19th-century glamour. A lace-hemmed, brass-buttoned military jacket lends Jane Austenesque charm to a whit cotton batiste tie blouse and navy satin tiered skirt. Jacket, Tevrow+Chase, $545. Blouse, $58, skirt, $98, both Banana Republic.



Below: The Victorians knew that covered up could be quit alluring, and this faded indigo linen round-necked coat with its nipped-in waist over a toa linen eyelet-trimmed fuller skirt is stunning, subtle and incredibly womanly all at onc Coat, $495, skirt, $363, both Tocca. Blouse, CITY UNLTD., $69. Necklace, Beth Orduna a Fragments. Stockings, Hue, $



The real thing is always better than the fantasy, especially in a thoroughly contemporary sheerly ruffle-necked cotton twill jacket and straight safari skirt with stacked heel sandals. On her: Jacket, $98, skirt, $68, sandals, $128, all Banana Republic. On Meloni: Sweater, Kenneth Cole, $179. Shirt, John Varvatos, $245. Pants, $49, socks, $8.50, both Banana Republic. Shoes, Kenneth Cole.

BEAUTY BONUS: Aussie Aussome Volume Mousse-Gel Fusion, $3.49, provides lightweight body stickiness.

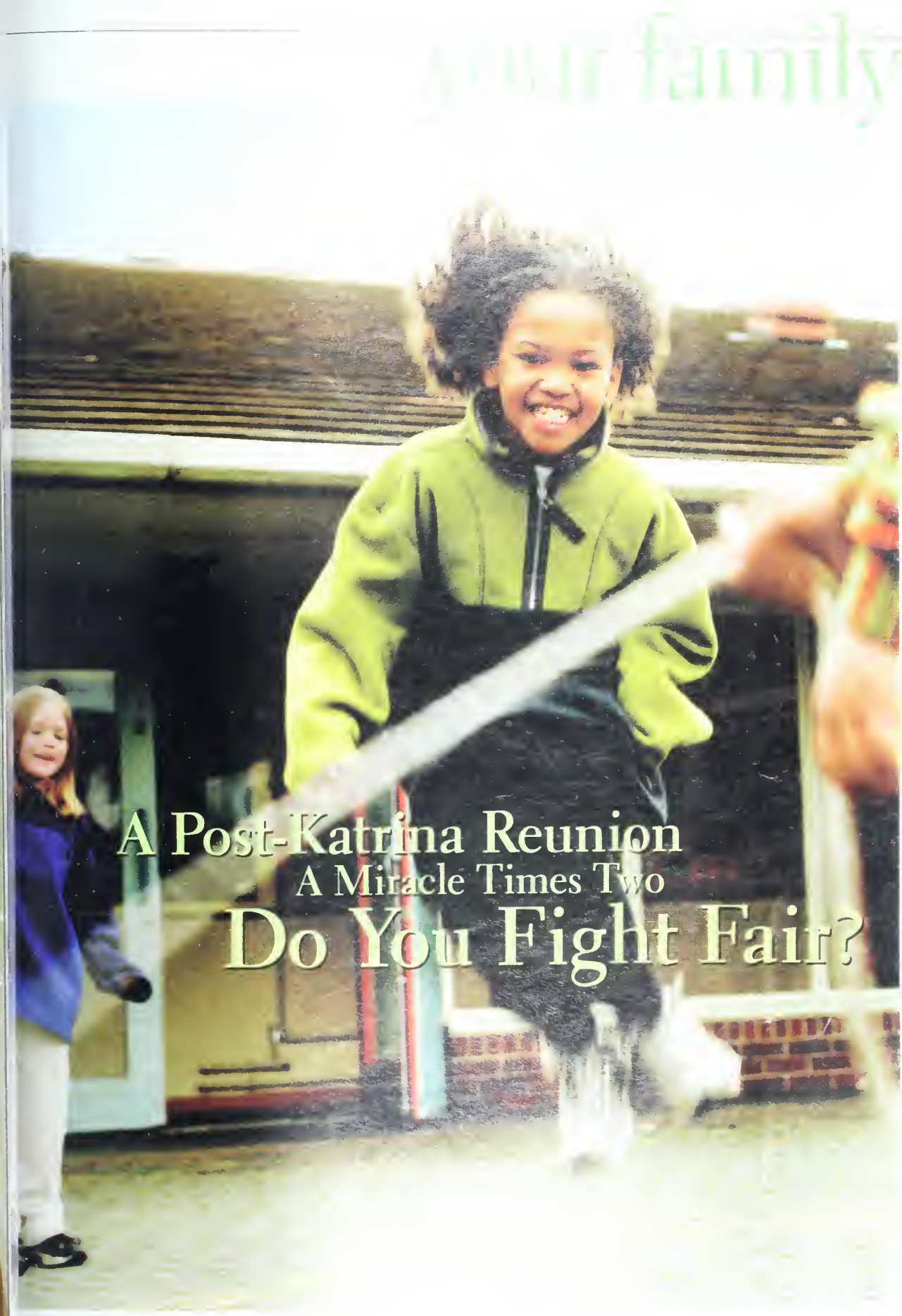
TRAVEL TIP: Looking for the perfect getaway inn like the one in this story? Let these Web sites work for you. BnBFinder.com allows you to search for bed-and-breakfasts by state. To narrow your findings, request a room with specific amenities, such as a Jacuzzi or fireplace. BedandBreakfast.com's U.S. and Canadian directory includes historic B and Bs and modern inns. The Bed and Breakfast Channel (www.bbchannel.com) features detailed listings, Web sites and photos for B and Bs throughout the United States and Canada. Also check out BedandBreakfast.com for worldwide B and B listings.



e: Fascinate him in
comfortable fabrics
silhouettes. A ruffle
ail-studded white
denim jacket, cotton
ned cardigan and floor
black cotton jean skirt
gathered train give you
ive power. Jacket, Chu
o, $139. Cardigan,
ndo, $79. Skirt, Polo
Co. Ralph Lauren, $18
er necklace, Avindy at
ments, $225. Silver-
ed necklace, Robindira
worth at Fragments. Long
klace, Roxanne Assoulin
Angel. Bracelet, Alex Wu
Fragments.

pposite page, above: Play th
mantic heroine to the hil
nd get swept away when he
ets close—in a softly
athered, plunge-neck empi
waist yellow cotton blouse
Blouse, Walter, $187. On
Christopher: Sweater, Michael
Kors, $495. T-shirt, Hanes, $
Belair. Bask in the golden gl
of late afternoon in a creamy
ecru linen vest, lace tank top
and ruffle-trimmed A-line ski
Vest, Nicole by Nicole Mille
$36. Top, White House, Black
Market, $68. Necklace,
Roxanne Assoulin for Lee
Angel, $275. Belt, worn as
scarf, DKNY Jeans.

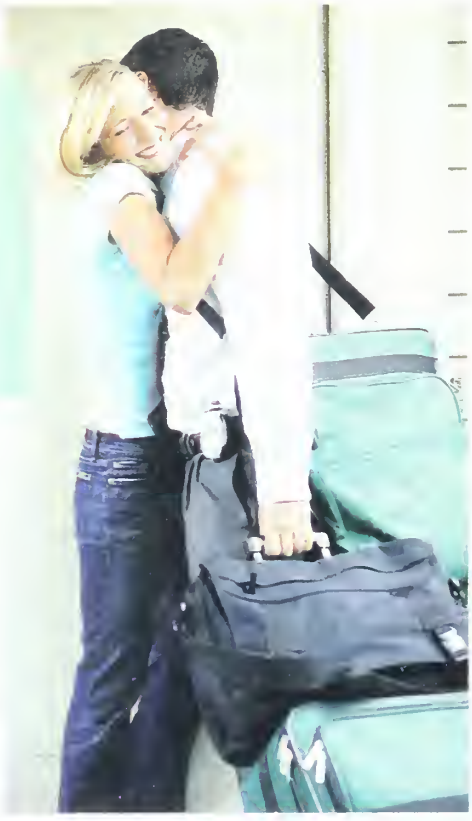
BEAUTY BONUS: Sweet
tangerine and sultry
sandalwood combine in Yves
Saint Laurent Edition Jasmin
Étoile, $50, to create a
lingering, romantic scent.



A Post-Katrina Reunion

A Miracle Times Two

Do You Fight Fair?



Long-distance relationships tend to be more passionate and satisfying than those of couples who live under the same roof, says Mary Carole Pistole, Ph.D., counseling psychologist at Purdue University, in West Lafayette, Indiana. Here's why—and what you can learn from them.

• Don't sweat the small stuff. "Long-distance partners argue less over trivial matters and don't take each other for granted," says Dr. Pistole.

• Maintain boundaries. Couples who live apart have independent lives, which makes them interesting partners, so pursue your own hobbies—or try separate vacations.

• Make the effort. Long-distance lovers work at staying close. Plan a surprise just for your husband and rekindle the flame. *—Emily Lapkin*

How to Keep Better Tabs on Your Kids

With kids' jam-packed after-school schedules, it's harder than ever to keep track of their whereabouts. But now new technology offers easy ways to keep tabs. Personal trackers your kids carry in their pockets use the Global Positioning System (GPS) to locate them on maps you view on the Internet or your cell phone. Many trackers can send alerts if your kid goes out-of-bounds. Costs vary. However, free software from AccuTracking (*www.accutracking.com*) can make compatible Motorola phones function as GPS devices. If you're concerned about a new driver, vehicle trackers like the GPS Discovery System (*www.rmtracking.com*) tell you, also via phone or Internet maps, the car's current and past locations. These retail for $200 to $500, plus monthly fees.

But be aware that using a tracker may seem distrustful. Be sure your kids know you want to keep them safe, not spy on them. *—Alison O. White*

Even if he isn't old enough to drive, your child might already have a history of bad credit and illegal employment—courtesy of identity thieves. Worst of all, many kid victims won't know it for years, until they apply for a driver's license, a loan or a job and are rejected when a background check uncovers arrests or outstanding debts, says Linda Foley, co-executive director of the Identity Theft Resource Center, a nonprofit group in San Diego, California, that assists victims. The Federal Trade Commission has only tracked this type of identity theft since 1999 but has noted steady growth in the category.

How can you protect your child? Be highly selective about the people to whom you provide your child's personal information. Safeguard her Social Security number: It's rarely necessary to divulge it, even to register for public school. If you get credit card applications in your child's name, run them through a crosscut shredder before throwing them out. Finally, discuss identity theft in an age-appropriate way with your child, reminding him not to give out identifying information online.

—Leslie Ja

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ortant safety information about HUMIRA® (adalimumab): HUMIRA is approved for reducing the signs and symptoms, inducing r clinical response, slowing the progression of joint damage, and improving physical function in adult patients with moderate to re rheumatoid arthritis. HUMIRA is also approved for reducing the signs and symptoms of active arthritis in patients with psoriatic itis. HUMIRA can be used alone or with methotrexate or other DMARDs (disease modifying anti-rheumatic drugs). Do not start g HUMIRA if you are allergic to the drug or anything in it. You should not start HUMIRA if you have any type of infection. An ion can be in one part of your body, such as an open sore, or it can be an illness such as the flu. Tell your doctor if you've had nfection in the past that keeps coming back, or have any problems that increase the risk of infections. **Before you take HUMIRA, doctor should test you for tuberculosis (TB). Tell your doctor if you've ever had TB, or been near someone who had TB. If s of TB (a dry cough that doesn't go away, weight loss, fever, night sweats) or any other infection appear after taking IRA, tell your doctor immediately.** Tell your doctor if you feel any numbness or tingling or if you've ever had a disease that s your nervous system such as multiple sclerosis. Also tell your doctor if you have ever been treated for heart failure. Once you taking HUMIRA, tell your doctor right away or seek emergency care immediately if you have an allergic reaction (a bad rash, n face or trouble breathing). Also tell your doctor right away if you have signs of a serious blood disorder (persistent fever, ng, bleeding or paleness). There have been rare cases of severe allergic reactions after taking HUMIRA. There have also been cases of serious and sometimes fatal infections. Lymphoma, rare cases of nervous system disorders, and serious blood ders have occurred in patients taking TNF blockers, including HUMIRA. Tell your doctor about all medicines you are taking or dering. **The combination of HUMIRA and Kineret** (anakinra) is not recommended. Check with your doctor before you receive vaccines. Tell your doctor if you are pregnant or plan to become pregnant. The most common side s of HUMIRA are injection site reactions, upper respiratory infections, headache, rash and injection site pain.

ABBOTT LABORATORIES

5 Abbott Laboratories 05D-64P-J140-1 Octob[illegible] adjacent page for product brief summary.

CONSUMER BRIEF SUMMARY CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

HUMIRA®

(adalimumab)

Patient Information

Read this leaflet carefully before you start taking HUMIRA (**hu-mare-ah**). You should also read this leaflet each time you get your prescription refilled, in case something has changed. The information in this leaflet does not take the place of talking with your doctor before you start taking this medicine and at check ups. Talk to your doctor if you have any questions about your treatment with HUMIRA.

What is HUMIRA?

HUMIRA is a medicine that is used in people with moderate to severe rheumatoid arthritis (RA) or with psoriatic arthritis (PsA). RA is an inflammatory disease of the joints. PsA is an inflammatory disease of the joints and skin. People with RA or PsA may be given other medicines for their disease before they are given HUMIRA.

How does HUMIRA work?

HUMIRA is a medicine called a *TNF blocker*, that is a type of protein that blocks the action of a substance your body makes called TNF-alpha. TNF-alpha (tumor necrosis factor alpha) is made by your body's immune system. People with RA or PsA have too much of it in their bodies. The extra TNF-alpha in your body can attack normal healthy body tissues and cause inflammation especially in the tissues in your bones, cartilage, and joints. HUMIRA helps reduce the signs and symptoms of RA (such as pain and swollen joints), may help prevent further damage to your bones and joints, and may help improve your ability to perform daily activities. In addition, HUMIRA helps reduce the signs and symptoms of PsA (such as pain and swollen joints).

HUMIRA can block the damage that too much TNF-alpha can cause, and it can also lower your body's ability to fight infections. Taking HUMIRA can make you more prone to getting infections or make any infection you have worse.

Who should not take HUMIRA?

You should not take HUMIRA if you have an allergy to HUMIRA or to any of its ingredients (including sodium phosphate, sodium citrate, citric acid, mannitol, and polysorbate 80). The needle cover on the pre-filled syringe contains dry natural rubber. Tell your doctor if you have any allergies to rubber or latex.

What information should I share with my doctor before I start taking HUMIRA?

Tell your doctor if you have or have had any of the following:

- Any kind of infection including an infection that is in only one place in your body (such as an open cut or sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from HUMIRA. If you are unsure, please ask your doctor.
- A history of infections that keep coming back or other conditions that might increase your risk of infections.
- If you have ever had tuberculosis (TB), or if you have been in close contact with someone who has had tuberculosis. If you develop any of the symptoms of tuberculosis (a dry cough that doesn't go away, weight loss, fever, night sweats) call your doctor right away. Your doctor will need to examine you for TB and perform a skin test.
- If you experience any numbness or tingling or have ever had a disease that affects your nervous system like multiple sclerosis.
- If you are scheduled to have major surgery.
- If you are scheduled to be vaccinated for anything.

If you are not sure or have any questions about any of this information, ask your doctor.

What important information do I need to know about side effects with HUMIRA?

Any medicine can have side effects. Like all medicines that affect your immune system, HUMIRA can cause serious side effects. The possible serious side effects include:

Serious infections. There have been rare cases where patients taking HUMIRA or other TNF-blocking agents have developed serious infections, including tuberculosis (TB) and infections caused by bacteria or fungi. Some patients have died when the bacteria that cause infections have spread throughout their body (sepsis).

Nervous system diseases. There have been rare cases of disorders that affect the nervous system of people taking HUMIRA or other TNF blockers. Signs that you could be experiencing a problem affecting your nervous system include: numbness or tingling, problems with your vision, weakness in your [illegible] and dizziness.

Malignancies. There have been very rare cases of certain kinds of cancer in patients taking HUMIRA or other TNF blockers. People with more serious RA that have had the disease for a long time may have a higher than average risk of getting a kind of cancer that affect the lymph system called lymphoma. If you take HUMIRA or other TNF blockers, your risk may increase.

[illegible] patients have developed lupus-like symptoms that got better after they stopped [illegible]. If you have chest pains that do not go away, shortness of breath, joint pain or rash on your cheeks or arms that is sensitive to the sun, call your doctor right away. Your doctor may decide to stop your treatment.

Blood Problems. Some patients may fail to produce enough of the blood cells that help your body fight infections or help you to stop bleeding. If you develop a fever that doesn't go away, bruise or bleed very easily or look very pale, call your doctor right away. Your doctor may decide to stop treatment.

Heart Problems. You should tell your doctor if you have ever been treated for heart failure. If you have, your doctor may choose not to start you on HUMIRA, or may want to monitor you more closely. If you develop new or worsening problems like shortness of breath or swelling of your ankles or feet, you should call your doctor right away.

Allergic reactions. In rare cases, patients taking HUMIRA have had severe allergic reactions leading to difficulty breathing and low blood pressure, or shock. Allergic reactions can happen after your first dose or may not happen until after you have taken HUMIRA many times. If you develop a severe rash, swollen face or difficulty breathing while taking HUMIRA, call your doctor right away or seek emergency care immediately.

What are the other more common side effects with HUMIRA?

Many patients experience a reaction where the injection was given. These reactions are usually mild and include redness, rash, swelling, itching or bruising. Usually, these will go away within a few days. If the skin around the area where you injected HUMIRA still hurts or is swollen, try using a towel soaked with cold water on the injection site. If you have pain, redness or swelling around the injection site that doesn't go away within a few days or gets worse, call your doctor right away. Other side effects are upper respiratory infections (sinus infections), headache and nausea.

Can I take HUMIRA if I am pregnant or breast-feeding?

HUMIRA has not been studied in pregnant women or nursing mothers, so we do not know what the effects are on pregnant women or nursing babies. You should talk to your health-care provider if you are pregnant, become pregnant or are thinking about becoming pregnant. If you take this medication while you are pregnant, or if you become pregnant while taking HUMIRA you are encouraged to participate in the pregnancy registry to gather additional information about the use of HUMIRA during pregnancy by calling 1-877-311-8972.

Can I take HUMIRA if I am taking other medicines for my RA, PsA or other conditions?

Yes, you can take other medicines provided your doctor has prescribed them, or tells you it is ok to take them while you are taking HUMIRA. It is important that you tell your doctor about any other medicines you are taking for other conditions (for example, high blood pressure medicine) before you start taking HUMIRA.

You should also tell your doctor about any over-the-counter drugs, herbal medicines, vitamin and mineral supplements you are taking.

You should not take HUMIRA with other TNF blockers. If you have questions, ask your doctor.

How do I take HUMIRA?

You take HUMIRA by giving yourself an injection under the skin once every other week, or more frequently (every week) if your doctor tells you to. If you accidentally take more HUMIRA than you were told to take, you should call your doctor. Make sure you have been shown how to inject HUMIRA before you do it yourself. You may call your doctor or the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472) if you have any questions about giving yourself an injection. Someone you know may also help you with your injection. Remember to take this medicine just as your doctor has told you and do not miss any doses.

What should I do if I miss a dose of HUMIRA?

If you forget to take HUMIRA when you are supposed to, inject the next dose as soon as you remember. Then, take your next dose when your next scheduled dose is due. This will put you back on schedule.

Is one time better than another for taking HUMIRA?

Always follow your doctor's instructions about when and how often to take HUMIRA. To help you remember when to take HUMIRA, you can mark your calendar and use the stickers provided in the back of the patient information booklet. For more information and ideas you can enroll in a patient support program by calling the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472).

HOW DO I STORE HUMIRA?

Store at 2°C – 8°C/36-46°F (in a refrigerator) in the original container until it is used. Protect from light. DO NOT FREEZE HUMIRA. Refrigerated HUMIRA remains stable until the expiration date printed on the pre-filled syringe. If you need to take it with you such as when traveling, store it in a cool carrier with an ice pack and protect it from light.

Keep HUMIRA, injection supplies, and all other medicines out of the reach of children.

Reference: 03-5434-R7

Revised: October, 2005

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by JEANNE MARIE LASKAS

NEW columnist for 2006



Laskas with Anna, left, and Sasha, right, on their Pennsylvania porch

What Makes a Mother Most?

I kept worrying about how I would handle my daughters' questions about their birth mothers. Then I realized they had arrived at answers all their own

We're driving home from the feed store with a trunkful of sweet grain for the horses and my daughters are in the backseat, discussing where babies come from.

"Ladies have babies in she bellies," says Sasha, 4.

"It's *then* bellies, Sasha," says Anna, 6. "And not all ladies have babies in them anyway. Some do and some don't."

"That's true," I say, chiming in. "I never had a baby in my belly."

"Right," Anna says.

We've talked about this a million time Since the beginning my husband, Alex, an I have talked to our girls about having bee born in China, then adopted by us. Th bare-bones story is part of their basic mem ory. Over time I've cleared up the misco ception that China is, simply, the place whe babies come from, as if manufactured ther No, I tell them, babies are made insid women's bellies. And women with belli live all over the world. The conversatio usually stops there. Apparently, this amou of information is sufficient for them to get with the more important matters of catchin worms, drawing unicorns and chasing o poor chickens.

Is this normal? Aren't adopted kids su posed to be more . . . interested in their ow adoption stories? I keep thinking there wi be a question, some anxiety or some need t understand something. Are my girls simp too young to be interested in the comple matters of birth mothers and abandonmen In general I'm not a big believer in forc feeding anything to a child. Even so, I thin they should show *some* hunger.

In the car I get the tiniest twinge of excit ment. Maybe this baby-making talk mea they're ready for more.

"Ladies with babies in she bellies are *fa*" Sasha reports.

"*Their* bellies," Anna says. "But not all t ladies have babies in them, Sash."

"I know, Anna," Sasha says. "I 'stand that"

"*Understand*," says Anna, ever the teacher.

Anna and Sasha are strikingly pretty gir and when they ride together in the supe market cart, people often comment on th and then some of them ask, "Are they re sisters?" Some adoptive parents get ang with such invasive questions and some ev have curt replies at the ready, but I just s yes and move on to find the bananas.

"Real" is a concept all adoptive parents eventually face CONTINUED ON PAGE 2

WWW.LHJ

When you're plummeting 400 feet down a mountain,



aph courtesy of Garcia Family

it's nice to know you're not alone.

Joe Sullivan and his family were driving home through the San Juan Mountains when they hit a patch of black ice and plunged over a 400-foot cliff. Dressed in gym clothes and unable to climb back up, they risked hypothermia. Thankfully, the Garcia family was driving behind them in their OnStar-equipped Chevrolet when they saw the Sullivan vehicle disappear from sight. Unable to get a signal with their handheld cell phone, the Garcias pressed their OnStar button. An OnStar Advisor was able to pinpoint the exact location and summon a Mountain Rescue team, who delivered them to safety. It took only one experience for these families to realize the value of OnStar, but we offer nine Safe & Sound services to help protect you and your family. To learn about them and the 50 GM vehicles available with OnStar, visit onstar.com. If you already have an OnStar-equipped vehicle, press your blue button to renew your service.

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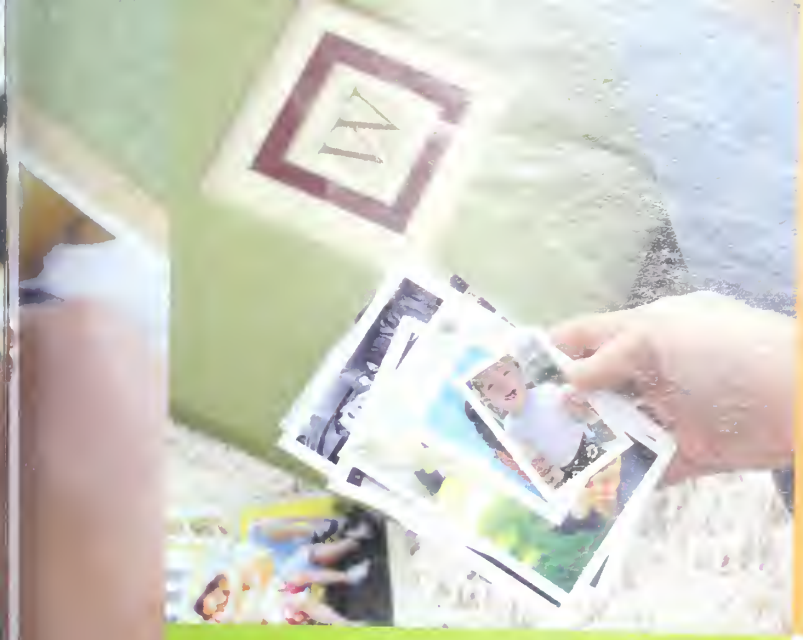
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head on, in many manifestations. Yes, our kids are "really" ours. To be an adoptive parent is to understand this deep in your bones. That our families are made up of a child from here and a child from there and not a child from the womb is simply a fact. Not a negative one, not a positive one. Just kind of a boring . . . fact.

There is, however, the matter of helping your children understand where they came from.

"Hey, chicken moms don't get fat," Sasha goes on to observe. In my rearview mirror I can see her back there with her index finger up, as if making an important discovery.

"*Hens*," says Anna. "Because their babies are in the eggs. You know that, Sasha."

Right. And I was hoping to stay with the human race, if only for a moment. Our farm offers endless lessons when it comes to the cycle of life. Last spring we witnessed a mama ewe reject her lamb—sheep, inexplicably, sometimes do this—and so Sasha took over and wound up bottle-feeding little Emily four times a day for months. It was an adoption story, pure and simple, and one of many. One of our hens hatched a duck egg, since the duck wasn't doing it. And why not? On a farm, the job of mothering goes, simply, to the most capable and available hands. This is the premise with which my girls begin their understanding of family.

"Let's talk about China," I say. "Do you ever think about being born in China?"

"Then you came and got us," Anna says.

Right—*but*. Doesn't she wonder about whose belly she actually came out of? It's the question adoptive parents like me figure will be the central issue of their kids' lives. *What is wrong with my kids?* Why aren't they asking the questions?

"Girls, you both came out of bellies," I say, as if to gently fuel the fire. "Do you ever wonder about whose belly you came out of?"

"Well, who did *you* come out of?" Anna asks.

Oh, for heaven's sake. "Honey, you know Grandmom was my birth mother," I say. "And she raised me. But not all birth mothers raise their kids. Sometimes babies are adopted, like you girls were."

"Was Grandmom really fat?" Anna asks.

"Huh?"

"When you were in her belly."

"Sure, sweetie. I mean, I think so."

Finally, I just force the issue. "I don't know the women who gave birth to you girls," I say. "Do you understand that?"

"Do you know if mine was fat?" Anna asks.

I am getting a headache. I actually have to take my finger and push that spot on my right temple that I can feel throbbing.

"I don't know the women who gave birth to you girls," I tell them

"She was probably fat," I say. "At least right before she had you."

"My lady was fat, too," Sasha says.

"Probably."

"Fat like the sheep?" she asks.

"Yeah," I say. "Maybe even fatter."

"Wow."

And that's it. I drive around, thinking how complicated stories of birth can be. Who gave birth to whom, which is raising what. This is what my girls are used to. Rooted in the farm, in nature, my girls start here. To make their own stories stand out would be to deny a complexity on which they have come to depend on. Emily, our lamb now all grown up into a woolly ewe, still runs to Sasha for food and love. She knows who her mother is. Our baby duck imprinted on the hen who hatched her, knowing that chicken as her only real mom, so there we have that little segment of our growing family. My girls think of our dogs as family, and our cats, too. (Doesn't everyone?) They may not understand the exact definition of such a fancy word, but in my girls' view, every family is built, at least in part, via adoption. I wonder if they don't have a far better understanding of all this than I do.

"I'm going to be a mommy some day," Anna announces.

"Me, too," Sasha says.

"I'm going to have six horses and a wee tiny baby giraffe," Anna says, "but they're going to sleep outside."

"I'm going to have a glasshoppa!" Sasha says.

"A *grasshopper?*" Anna asks. "What will you name her?"

"Alissa," Sasha says, as if she has had this one planned for some time.

And so we head up the dirt road toward our farm, coming up with names for six horses and a wee tiny baby giraffe, dreaming of families to come.

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e're Quaker.® And we've got the good stuff. Like *25% less sugar** a variety of our granola and cereal bars. They'll love the same great ta u'll love knowing there's less sugar. So remembe hen the Quaker man's on the outside, ere's goodness on the inside.



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HOW HE BEAT THE EMPTY NEST SYNDROME.

When the daughters of Wendy Memoli from Gilbert, Arizona went off to college, Wendy and the family dog Kennedy reacted in very different ways. While Wendy was [illegible] and composed, Kennedy was noticeably unhappy about the absence of his favorite playmates. "Kennedy has a special way of interacting with each member of the family," remembered Wendy. As Wendy's first daughter left and then the second, Kennedy responded by gaining weight and slowing down. "It was more than just getting old. I think he was a little depressed," remarked Wendy. Thankfully, Wendy found a way to help turn things around for Kennedy. "We took the Purina ONE® Challenge, and

nnedy is happier," enthused
ndy. "He has his figure back
w he grabs his toys and shakes
m playfully, just like he did
en he was a puppy."

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reases digestibility, preventing
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efully prepare the meat by
ting it to the ideal temperature
en the meat is precisely done.

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A quick guide to Purina ONE's nutrients and benefits.

Nutrition Source	Health Benefit
Optimal protein levels	He ps maintain lean body mass for strong muscles, including a healthy heart
Rich in antioxidants	He ps support a strong immune system
Natural sources of glucosamine	He ps support healthy joints and mobility
Calcium and phosphorus	He ps maintain strong bones
Real lamb/chicken/beef & rice	Highly digestible, helps optimize nutrient absorption; more nutrients
Vitamin E and omega-6 fatty acids	Helps promote healthy skin and lustrous coat
Vitamin A	Helps maintain healthy vision
Crunchy kibble	Helps clean teeth and freshens breath

by STEPHEN FRIED



Love in the Time of TV

Our epic battles over the remote control have convinced me that TV-watching habits are a window into the soul of any marriage

Moments of revelation don't come often in a marriage, so you have to take them where you can get them. I recently had one such epiphany while sitting in my father-in-law's well worn leather recliner, which, of course, directly faces the television.

I picked up his remote and started flipping through the channels, eliminating the offerings on channels 2 through 37 in less than 10 seconds. Diane claims this quick changing gives her motion sickness but, really, how long do you need to look at a curling match on ESPN 7 or a raccoon peeing on Animal Planet or *Happy Days* in Portuguese to know that you don't want to watch it? I settled on a rerun of *Everybody Loves Raymond* that I hadn't seen in a while (maybe a week). Assuming the show could provide up to eight minutes of viewing pleasure before a commercial sent me surfing again, I nestled into the comfy chair.

And then the channel changed.

Stunned, I peered first at the di obedient TV, wondering how it suc denly had sprouted a mind of its own and then over to the chair, on th other side of the reading lamp. An there sat my wife, her face transfuse with glee. She was wielding a second re mote control.

I quickly changed the channel back then she changed it again. As thi escalated, we each got more an more aggressive until we were brandish ing the remotes like weapons.

"Boy," I thought, "this could get ugly."

Apparently, when my father-in-law bough one of those all-in-one remotes—which work your TV, DVD/VCR, cable box and th "bagel only" button on your toaster—he de cided to let my mother-in-law keep the chan nel changer that came with the TV as souvenir. He knew she would never abuse it

Diane, however, apparently had bee waiting her entire married life for her own remote—and the opportunity to push my buttons.

As I sat there dueling with her, it occurre to me that the world might actually b improved by inventing a dual remote sys tem. But only if the wifely model—some thing with more clearly marked buttons maybe—became fully operational after th husband had fallen asleep. It could have say, a snoring sensor in it.

But two live remotes in one marital TV room? Isn't this what defense experts used to call "mutual assured destruction"?

Luckily, we CONTINUED ON PAGE 8

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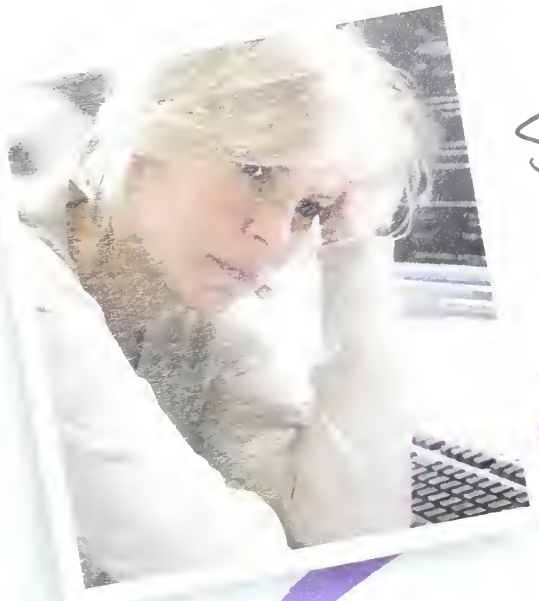
Half the sugar of yogurt

(you'll love it twice as much)



smart snack of creamy cottage [illegible] an excellent source of protein

Knudsen.



Still caught in the cycle of depression?

my symptoms of depression won't go away
- sadness
- anxiety
- low energy

I keep falling into depression no matter what I do

I thought I was better, but I'm depressed again

Important Safety Information

Suicide in Children and Teenagers

Antidepressants increased the risk of suicidal thinking and behavior in children and teenagers. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. EFFEXOR XR is not approved for use in children and teenagers.

- People taking MAOIs should not take EFFEXOR XR. Adult and pediatric patients taking antidepressants should be watched closely for signs that their condition is getting worse or that they are becoming suicidal, especially when they first start therapy, or when their dose is increased or decreased. Patients should also be watched for becoming agitated, irritable, hostile, impulsive, or restless. Such symptoms should be reported to the patient's doctor right away
- EFFEXOR XR may raise blood pressure in some patients. Your blood pressure should be controlled before starting treatment and should be monitored regularly.
- When people suddenly stop using or quickly lower their da dose of EFFEXOR XR, discontinuation symptoms may occu Talk to your doctor before discontinuing or reducing your dos of EFFEXOR XR.
- Pregnant or nursing women shouldn't take any antidepressan without consulting their doctor.
- Before starting EFFEXOR XR, tell your doctor about any medi you're taking, including over-the-counter drugs and herba supplements.
- Until you see how EFFEXOR XR affects you, be careful doing activities as driving a car or operating machinery. Avoid drin alcohol while taking EFFEXOR XR.
- In clinical studies, the most common side effects wit EFFEXOR XR (reported in at least 10% of patients and at lea twice as often as with placebo) were constipation, dizziness, dr mouth, insomnia, loss of appetite, nausea, nervousness, sexu side effects, sleepiness, sweating, and weakness. Ask your doct if EFFEXOR XR is right for you.

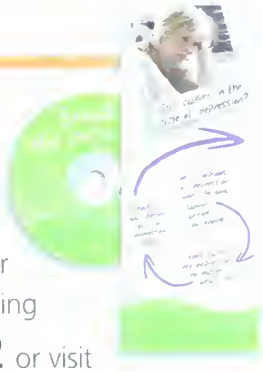
Break the cycle with EFFEXOR XR



EFFEXOR XR, a prescription medicine, has been shown to help resolve symptoms of depression and to ***help prevent them from coming back.***

Free Offer

Receive an educational DVD about depression and EFFEXOR XR and other helpful information by calling **1-866-889-1392** or visit **TheChangeYouDeserve.com**



Ask your doctor if EFFEXOR XR is right for you.

To learn more about depression and EFFEXOR XR, visit TheChangeYouDeserve.com

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Please see Patient Information on adjacent page.

Wyeth Pharmaceuticals Inc., Philadelphia, PA 19101 116839-05

PATIENT INFORMATION FOR EFFEXOR XR®
(venlafaxine HCl)

...important information. However, keep in mind that it should ... to help you understand all of this information ... about EFFEXOR XR, talk to your doctor or pharmacist.

What is the most important information that I should know if my child is being prescribed an antidepressant?

...assess the risk of suicidal thinking and behavior (suicidality) in studies in ... depression and other psychiatric disorders. EFFEXOR XR is not ... Prescribing Information and the Medication ... and Teenagers for more information.

What is the most important information that I should know about EFFEXOR XR?

...Discuss this with your doctor. People taking monoamine ... should not take EFFEXOR XR. MAOIs can cause a very serious reaction ... death. Stop taking the MAOI at the same time as EFFEXOR XR. You must stop taking your MAOI at least ... beginning EFFEXOR XR. After you stop EFFEXOR XR ... wait 7 days before starting an MAOI. Be sure to ask your doctor or pharmacist if a medicine you are taking is ...

...and their families should know that both adults and children treated with EFFEXOR XR ... for worsening depression, or for signs that their condition is getting worse or that they are ... suicide. This is especially true when they first start EFFEXOR XR therapy, or when ... dose is increased or decreased. Patients should also be watched for becoming agitated, ... Such symptoms should be reported to the patient's ...

What is EFFEXOR XR?

...is a prescription medicine used to treat Depression, Generalized Anxiety Disorder ... (GAD), and Social Anxiety Disorder (also called SAD) in adults.

Depression

...of depression vary from person to person depending on the person. Some people have only a few ... while other people have many symptoms at once. Symptoms of depression include:

- ...
- Restlessness or irritability
- Changes in appetite or weight
- ... sleeping patterns
- ...
- Fatigue or lack of energy
- Feeling worthless, or feeling guilty for no reason
- Trouble concentrating or making decisions
- Repeated thoughts of death or suicide

...and children with depression can have their depression get worse and/or they can ... suicidal thoughts. This can happen if they have an antidepressant or not. Patients treated with EFFEXOR XR should be watched for signs that their condition is getting worse or that they are developing suicidal thoughts. These should be reported to their doctor right away.

Generalized Anxiety Disorder (GAD)

...GAD is characterized by feelings of anxiety and worry that can't be controlled and ... present for at least 6 months. Other symptoms of GAD include:

- ...
- Irritability
- Muscle tension
- Difficulty sleeping

Social Anxiety Disorder (SAD)

...with SAD have an extreme, unreasonable fear of one or more social or public situations ... Their fear usually disrupts day-to-day functioning. Other symptoms of SAD may include:

- ...
- ...
- Physical symptoms such as blushing, sweating, trembling, fast heartbeat, and nausea
- Unreasonable fear of embarrassment

Who should not take EFFEXOR XR?

...should not take EFFEXOR XR if you are allergic to EFFEXOR XR (venlafaxine HCl) or any of its ingredients. The active ingredient is venlafaxine. The inactive ingredients are cellulose, ethylcellulose, gelatin, hypromellose, iron oxide, and titanium dioxide.

EFFEXOR XR can cause some conditions to get worse. Tell your doctor about all your medical problems.

Be sure to tell your doctor if you have or had:

- ...
- ... EFFEXOR XR can increase your blood pressure
- ... your heart rate (pulse)
- ... EFFEXOR XR may need to be different
- ... persistently elevated or irritable mood, a ... activity, and rapid, excessive speech
- ... Be sure. You may need more frequent ...
- ...
- ...

...all the medicines you take, including prescription and non-... (including natural and herbal supplements). Your ... with other medicines.

... in combination with phentermine or ...

How does EFFEXOR XR work?

... naturally occurring brain chemicals, serotonin and ... It may be several weeks for your symptoms to ...

How should I take EFFEXOR XR?

- ... (37.5 mg, 75 mg, and 150 mg). ... you which dose is right for you.
- ... at the same time every day.
- The capsule should be swallowed whole. It should not be divided, crushed, chewed, or placed in water.
- The capsule can also be carefully opened and its contents sprinkled onto a spoonful of applesauce. This should be swallowed immediately and followed by drinking a glass of water. Do not chew this mixture before swallowing.
- If you miss a dose of EFFEXOR XR, it can be taken later that day. Don't try to "make up" for the missed dose by taking two doses the next day.

In case of an overdose, call your doctor or poison control center or go to the emergency room right away.

What should I avoid while taking EFFEXOR XR?

Please tell your doctor if you are pregnant, intend to become pregnant, or are breast-feeding. Newborns whose mothers took EFFEXOR XR late in the third trimester have had problems. Because of those problems, the newborns needed long hospital stays, help with breathing, and tube feeding.

Until you see how EFFEXOR XR affects you, be careful doing such activities as driving a car or operating machinery. Avoid drinking alcohol while taking EFFEXOR XR. EFFEXOR XR may cause other side effects besides those listed below.

What are the possible side effects of EFFEXOR XR?

EFFEXOR XR may cause side effects in some people. In clinical studies, some people had to stop taking EFFEXOR XR because of side effects.

In clinical studies, the most common side effects included:

- Nausea
- Dizziness
- Sleepiness
- Abnormal ejaculation
- Sweating
- Dry mouth
- Gas
- Abnormal vision
- Nervousness
- Insomnia
- Loss of appetite
- Constipation
- Confusion/agitation
- Tremor
- Yawning
- Palpitation

Tell your doctor right away if you have:

- Increases in heart rate
- extreme confusion or seizures, which may indicate very low levels of sodium in the blood
- abnormal bleeding or bruising.
- sudden, unexpected eye pain, eye redness, or changes in vision, which may indicate increased eye pressure
- symptoms of mania or hypomania, such as persistently elevated or irritable mood, a decreased need for sleep, racing thoughts, hyperactivity, and rapid, excessive speech.

EFFEXOR XR may cause an increase in your cholesterol. Your doctor may want to do blood tests to check your serum cholesterol periodically.

For more information on these and other side effects associated with EFFEXOR XR, talk to your doctor or pharmacist, or visit our Web site at **www.EFFEXORXR.com**

Can children take EFFEXOR XR?

EFFEXOR XR is not approved for use in children under 18. Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in studies in children and teenagers with depression and other psychiatric disorders. See the Prescribing Information and the Medication Guide About Using Antidepressants in Children and Teenagers for more information.

What happens when I stop using EFFEXOR XR?

Symptoms are known to occur when people stop using EFFEXOR XR, especially when they suddenly stop therapy.

When people suddenly stop using EFFEXOR XR, they can get symptoms from stopping the medicine too fast. Some of these symptoms include:

- Agitation
- Anxiety
- Confusion
- Diarrhea
- Dizziness or vertigo
- Dry mouth
- Fasciculation (muscle twitching)
- Headaches
- Hypomania
- Impaired coordination
- Insomnia (trouble sleeping)
- Loss of appetite
- Nausea
- Nervousness
- Nightmares
- Seizures
- Sensory disturbances (including electric shock sensations)
- Somnolence (sleepiness)
- Sweating
- Tinnitus
- Tiredness
- Tremor
- Unpleasant mood
- Vomiting

Do not stop taking EFFEXOR XR without talking with your doctor first. Your doctor may want to slowly decrease your dose of EFFEXOR XR to help avoid these kinds of symptoms.

General advice about EFFEXOR XR

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use EFFEXOR XR for a condition that has not been prescribed by your doctor. Do not give EFFEXOR XR to other people, even if they have the same symptoms you have. It may harm them.

This information summarizes the most important information about EFFEXOR XR. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about EFFEXOR XR that is written for health professionals.

What are the ingredients in EFFEXOR XR?

EFFEXOR XR contains venlafaxine hydrochloride, an antidepressant. Inactive ingredients consist of cellulose, ethylcellulose, gelatin, hypromellose, iron oxide, and titanium dioxide.

How do I store EFFEXOR XR?

EFFEXOR XR should be stored at room temperature (68° to 77°F or 20° to 25°C).
Keep EFFEXOR XR away from children.

For more information on EFFEXOR XR

This page is only a summary. For more complete information, talk to your doctor or pharmacist. You can also go to **www.EFFEXORXR.com**

This brief summary is based on EFFEXOR XR Prescribing Information W10404C016, revised July 2005.

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were called to dinner before spraining our thumbs. But the whole incident made me think about just how many marital issues are played out during the seemingly benign act of watching television together—especially since so much movie viewing that once was done in theaters is now done at home. I'm starting to believe that the TV is a window into the soul of your marriage.

> I feel that when you're watching a TV show, you should *watch* it. My wife, however, wants to *interact*

Actually, before that remote-control battle I had always thought of Diane and me as being fairly tele-compatible. But that's because I was thinking mostly about programming, where our tastes in TV shows are pretty similar. Yes, she refuses to watch football and I could live my life very happily without Will or Grace. But we mostly agree on what's good, which is convenient because we've always been a one TV couple, den only. (One of my basketball buddies says that his parents had two TVs in their bedroom and watched separate shows with his dad using earplugs; he and his wife have the modern equivalent, with his and hers TiVo boxes.) Diane is even sympathetic when I come home from the video store and announce we're having another evening of "Best Available Films."

It's in nonprogramming areas that we run into problems. For example, I feel when you're watching a show you should actually be quiet and, y'know, *watch* it. Diane, however, wants to interact. She likes to talk to the TV and talk to me about what's on the TV—criticizing flaws in plot lines, free-associating on what a character is saying, doing, wearing. For a while I just slowly turn up the volume. When I finally can't hear over her din, I have been known to shush. But, I must say, shushing is a risky thing to do to a husband to do to his wife, and I usually regret it. If I'm lucky, she'll playfully do that zipping motion over her lips or the pantomime key that locks her lips and is dramatically tossed away and won't speak until the next commercial. If I'm unlucky, she'll give me dirty looks all night long until . . . well, until Jon Stewart, who makes her laugh even when she's mad.

There are also technological problems. Diane claims she wants her own remote, but the truth is that when she's left alone with ours, she invariably pushes the wrong button, or combination of buttons, instantly blanking out the TV screen. And then she proceeds to push pretty much every other button, until the screen itself has turned a lovely shade of blue, the VCR is scheduled to tape a show in 2009 and the cable box is set to a channel number that requires a trigonometric solution. Then she calls me on my cell phone, and I can't tell you the number of interviews—or sound sleeps in different time zones—I've had interrupted to help her undo her handiwork.

In her defense, I've had my own technology issues. At the house we lived in for 15 years we had the old TV and VCR I brought into the marriage—fairly low tech, but we both knew how to use them and had even jury-rigged a system for taping one show while watching another. When we moved we bought a new flat-screen TV with a picture-in picture feature, which I told Diane was worth the extra money because I'd be able to monitor games on the little screen while watching a show we could both enjoy. Two years later, however, I still can't get the little screen up and working—something Diane likes to tell pretty much everyone we meet at cocktail parties. We also got a new DVD VCR, which is supposedly much more user friendly, yet it ignores most of my recording requests.

I find this deeply emasculating. But not as emasculating as asking someone for help.

Actually, my biggest complaint about our marital TV viewing involves where we sit. When we were young marrieds, all we could afford in the den was a brown sleeper sofa where you couldn't help but sit close and snuggle. Today Diane has this great leather recliner chair and ottoman—and I lord it over a very cozy black leather couch. She's only six feet away, but I must admit I kinda miss her. Sometimes during commercials, I'll go over and visit her. And then I come back.

It's a great compromise.

Next month: Why I [illegible] at being sick

[illegible].heartofahusband@hfmag.com. Or visit www.hfmag.com/stephenfried.



What He's *Really* Thinking When You Fight

When you and your husband argue, does he seem maddeningly unable to understand why you're so upset? New brain studies show that men and women really *are* wired very differently

An hour before she and her husband, Tim, are expected at his parents' house, Liz walks in the door to find him watching football in the den with their toddler, Ella—a dirty mess from her day at the playground—at his feet. The house is a disaster, they're expected at the party in an hour and the cookies they had offered to bring to the get-together are sitting unbaked in the fridge. After racing to get the cookies in the oven while settling a work issue with a colleague on the phone, Liz dashes to the bedroom t change. "Will you get Ella ready to go? I'v left her dress and shoes out," she calls o to Tim, who's still sitting in front of th tube. Tim nods his assent, ar when Liz emerges, she finds hi pacing impatiently by the doo Leaning over to CONTINU

By MARIANNE J. LEGATO, M.D.

REPRINTED FROM THE ... *MEN NEVER REMEMBER AND WOMEN NEVER FORGET*, BY MARIANNE J. LEGATO, M.D., F.A.C.P., FOUNDER OF THE PARTNERSH FOR GENDER SPECIFIC ... AT COLUMBIA UNIVERSITY AND AUTHOR OF *EVE'S RIB* AND *THE FEMALE HEART*. PERMISSION GRANTED BY RODALE INC.

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adjust Ella's dress, she asks Tim if he's cleaned her up. "Yes," he says, exasperated. "We're late. Let's go."

But when they arrive at Tim's parents', and Liz reaches to take Ella out of her car seat, she sees that her daughter's hands and face are still covered with grime. "She's filthy," Liz hisses. Tim shrugs, saying he'll clean her up when they get inside. "That's not the point, Tim," shouts a now-fuming Liz. "Why didn't you see how dirty she was when you were changing her? She needed a bath."

Once inside, Liz can't get over her anger—she can't even bring herself to talk to her husband. Miffed by her coldness, Tim purposefully ignores it and within moments a conversation with his uncle eclipses Liz's distress in his mind. Tim's sister, on the other hand, takes one look at Liz's flushed face and pulls her into the kitchen for a hug and a chat. "I can't believe him," Liz seethes. "She looked like something out of *Oliver Twist*! Not only that, but lead levels in the soil in our neighborhood are astronomical!" she says. "We had such a scare after the renovation when her first tests came back high for lead. Does he want her to have brain damage?"

Liz stays on a slow simmer for the rest of the evening. The next morning, she arrives at the breakfast table determined to find some kind of resolution. She tries to talk about the argument and what it means for their relationship, but Tim accuses her of exaggerating and overreacting. Liz thinks he doesn't care about her, and Tim doesn't know why she's making such a fuss. "Why," he wonders for the hundredth time, "does every little thing have to turn into a full-blown drama? Why can't she just move on?"

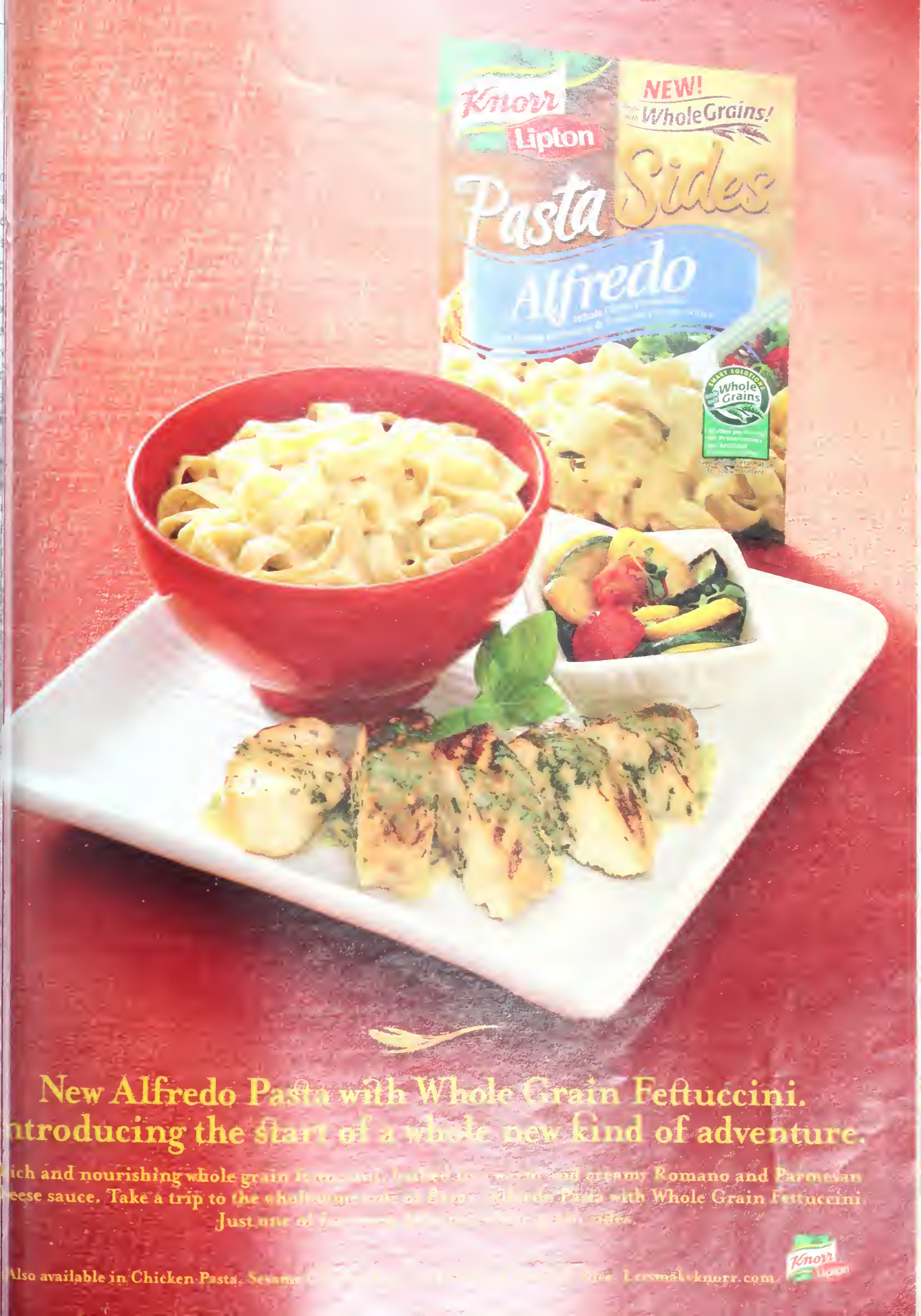
> "Why," he wonders for the hundredth time, "does every little argument have to turn into a full-blown drama?"

Seen one way, Liz's fight with Tim is nothing more than a garden variety marital spat. But viewed in another light, it illustrates how differently men and women react to an emotionally charged event, whether something as seemingly minor as being late to a party or something as major as a job loss. Why? Scientists are discovering that, starting in the womb, and for as long as we live, men and women receive information into brains that are significantly different in anatomy and chemical composition. Indeed, the very systems we use to produce ideas and emotion, to create memories, to conceptualize and internalize our experiences and to solve problems are profoundly gender specific.

To show you what I mean, let's go back and look, not at who's right and who's wrong, but at the "anatomy" of Liz and Tim's argument. Within seconds of her arrival home, Liz is in full battle readiness. As she pr cesses each new stres or—the untidy hous the unmade cookie the issue at work—h brain signals for ho mones to help her co with the stress by ra ing her blood pressu and pushing her hea to beat at a rate almo twice what's norma Why? It boosts h ability to think clear and make executiv decisions; it also helps make a more acc rate and detailed memory of the quarre This was probably a more useful adapt tion for our distant ancestors, when mot ers parenting vulnerable and depende children and caring for other family mer bers needed detailed recall of situations th had previously posed danger. What's mor in women the amygdala, the part of th brain that receives and responds to stres ors, has extensive connections to the par of the brain that control blood pressure ar heart rate. Men, on the other hand, have less-extensive network: Tim is engrossed his game, cool as a cucumber.

Had he been left to his own devices, Ti probably would have responded to th time crunch by deciding to forget the coo ies, figuring there would be enough food the party without their contribution. Liz hormones saw to it that she deemed othe wise. Under stress, a woman's bod releases high levels of a hormone calle oxytocin, a gender-specific and powerf chemical that predisposes women to mak and preserve connections with other pe ple, especially those who can help them, Tim's parents could help Liz with Ell That night, the hormone powered Liz to g the extra mile by making a batch of cooki to facilitate bonding.

What's more, Liz has more gray matt in the frontal cortex of her CONTINU



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ntroducing the start of a whole new kind of adventure.

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brain, the area just behind the eyes, than Tim does. This is the executive center of the brain, the CEO that controls our complex behaviors. Liz also has more connections between the two sides of her brain, which may explain how she is able to process several different streams of information at the same time—dealing with her work issue while making a recipe, for instance, or endlessly analyzing her argument with Tim while making breakfast. Tim, for the most part, activates only one side of his brain when processing information. This means that he deals with one thing at a time: He identifies a problem, comes up with a solution and moves on. That was one of the reasons he hadn't paid much attention to Ella's needs: His answer to the "problem"—that they were going to be late for the party—was to get the child dressed as quickly as possible.

> "He obviously doesn't care about my feelings," she thinks. "After all, he doesn't even want to talk things through"

Liz, of course, was focused on a different problem: Ella's dirty hands. Her larger executive center saw this as a threat. It sent a message to the part of the brain that helps us create memories from our experiences and to the part that stores our memories of emotionally charged experiences—like the result of Ella's earlier lead test, which came back high after a recent home renovation.



Tim was concerned for Ella then too, but the lead-testing experience was quantatively more unpleasant for Liz than it was for him, because of her biology. Women have higher levels of the hormone estrogen than men do, and estrogen does two things when women are under stress. First, it prolongs the secretion of the stress hormone cortisol, so a woman feels more stressed in the moment than a man in the same situation. Estrogen also activates a larger field of neurons in the brains of women than it does in men; these activated cells provide women with the network needed to form a much more detailed memory of the sequence of events. So Liz's hormone levels guarantee that she has a more detailed and vivid memory of her fear than Tim does. This evolutionary adaptation allows her to take good care of Ella by remembering dangerous situations so she can avoid them in the future.

We can see differences between them in the way they fight, too. Liz's left brain, where ability to process language resides, has more gray matter than Tim's does, and she uses both sides of her brain for speech, while Tim uses only one. These factors may help explain Liz's rich, flurry accusations and Tim's corresponding retreat into silence.

That superior ability to communicate also explains how Tim's sister CONTINUED

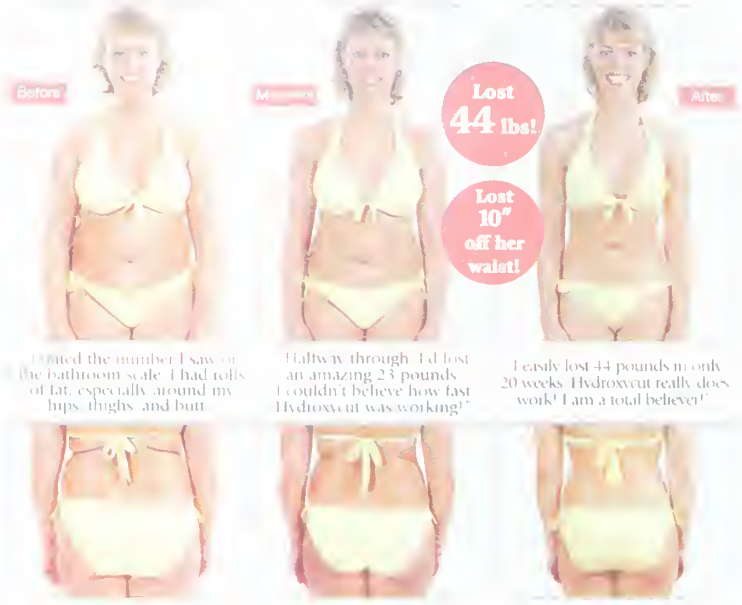
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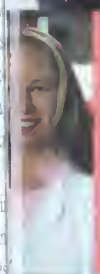
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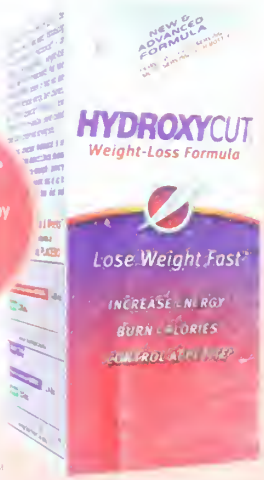
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is able to pick up on Liz's distress right away. Women have to be better at reading the subtle and nuanced language of human expression than men, so they can better determine the needs of their highly dependent, wordless infants. The bonding that takes place between the two women is an example of a female behavior pattern in the face of stress; it serves as a better form of self-protection than the typical male "fight or flight" response.

But what does all of this mean? If men and women are fundamentally, biologically different, what do those differences mean for the ultimate fate of our relationships? Are Liz and Tim destined to retreat to their sex-specific behaviors and biologically informed brains, to glare angrily at each other over their grubby child?

Hopefully not. While it's clear that many of our behaviors have their roots in our sex-specific biology, it's also clear that by understanding our differences and making a genuine attempt to learn from our partners' best coping techniques, we should be able to narrow the gap between us.

This is a lot easier than it sounds. New science shows that for all creatures with a nervous system, the experiences we have of the world around us change the very structure of our brains. If experience changes brain chemistry and structure, and if the brain is the source of all human behavior, then men and women can learn a great deal from each other, changing their own brains in profound ways. Instead of bumping up against the differences between us, we can learn from them. Indeed, many of the same differences that cause us conflict in relationships also cause us joy—isn't the contrast between his rough cheek and your smooth one at least part of what makes kissing so delicious?

But this new research raises the possibility of whether we can't push this process one step further. If practicing the piano or gymnastics changes our brains so that we get better at those skills, might we not be able to change our brains as well by "practicing" the competencies of the other sex? A helpful skill women might cultivate is the ability to speak clearly and economically when communicating with others. Men, on the other hand, might cultivate the art of listening and observing the facial expressions and body language of the people with whom they negotiate or exchange ideas. If we were to practice empathy, we would no longer have to wonder at the vast chasm that separates us and could instead take advantage of the brain's natural plasticity to become more alike.

To some extent, this metamorphosis is already happening, as the opportunities for women become more like the ones available to men, and our experiences become more similar while our roles become more blurred. As we continue to learn from one another, and in that way become more like each other, I believe we make it possible to live up to our potential in the world and to communicate more effectively with our partners in love and work, instead of firing at each other across the trenches.

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Come Hell Or High Water

Cheryl Landry and Napi were inseparable—until Hurricane Katrina forced her to choose between her little pug and her own life

As a critical-care nurse, Cheryl Landry, 18, knew that the evacuation orders didn't apply to her. She and other members of "the hurricane crew" had arranged to stay at New Orleans' Lindy Boggs Medical Center as Hurricane Katrina made its way through the Gulf of Mexico and toward its target of horrific destruction.

The plan was for workers and their families to set up camp in the hospital where everyone would be protected during the length of the storm. Cheryl's family, in this case, included her husband, Larry, 56, a retired Army sergeant, her daughter, Lariana, 22, who worked as a secretary in the hospital—and Napi, a 2-year-old pug.

Her dog. Of course she would bring her dog. With her sleek black coat and crazy wrinkled nose, Napi was Cheryl's constant companion. Napi had been Larry's Christmas present to help his wife through the empty nest stage as Lariana and then their two younger sons left for college. The dog followed Cheryl around the house, peeking around corners as if playing hide-and-seek, then scampering with her clickety-clack feet into Cheryl's arms.

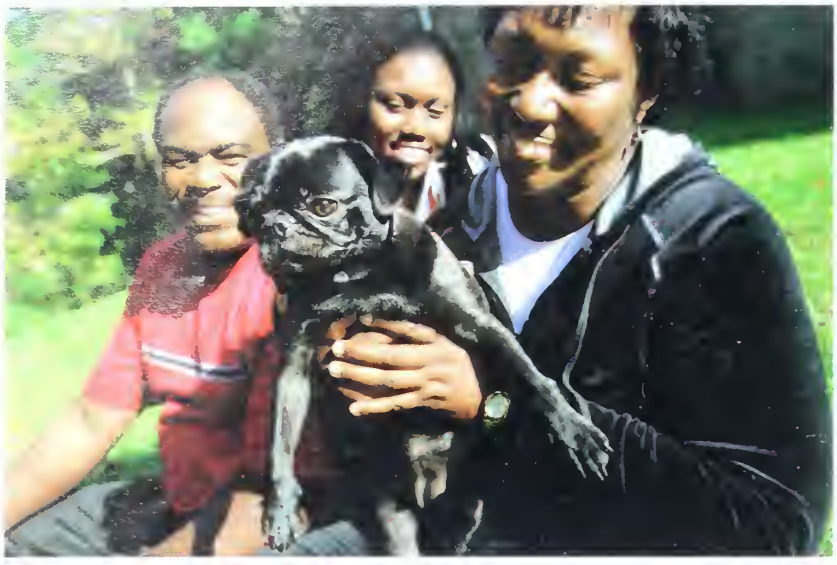
When Cheryl arrived at the hospital, she saw that plenty of other workers had also brought their pets. More than 60 animals were sheltered in the rooms set aside for families. On August 29, 2005, Katrina made landfall, smashing out the windows in Lindy Boggs. Cheryl enlisted Larry to help shuttle patients into more protected hallways. They tried to hold mattresses up to the shattered windows, but the wind defied all attempts to tame it.

Five hours later, everyone had survived the storm. It was the aftermath that was the killer. The power went out. The heat inside the hospital rose to what felt like 110°F. The staff and their families helped fan the critically ill patients simply to comfort them while they lay dying. When it had to be done, Larry and some of the other men carried bodies to a makeshift morgue. More than two days went by with little communication.

So of course when a group of shrimpers and other boats from Lafayette, Louisiana, piloted by volunteer fishermen came on August 31, everyone cheered. Cheryl held Napi and said, "It's over CONTINUED

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Larry, Lariana and Cheryl rejoice in their Napi, restored to the family

now, girl, we're going to make it out of here."

But when Cheryl got to the boat, they said no pets. She learned that the shelter where they were bound had made an ironclad rule: no pets. Cheryl protested: *But this was Napi.* This was like her child. She began to scream. "I am taking my dog! I am not leaving my dog here to die!" She decided to outsmart them and hid Napi in a bag, planning to smuggle her aboard. But Napi, always the curious creature, managed to pop her head out to see what was going on and was discovered. "We're very sorry, but you'll have to leave your dog here."

She went to the roof where other families were leaving their animals—so many agonizing good-byes. She was told that a doctor had promised to stay with the pets as long as possible, and when it was no longer possible, he would do the right thing: euthanize. He told them to leave food for the pets. She tied Napi to a fence.

Cheryl got a hospital bracelet and wrote "Napi Witland belongs to Cheryl Landry" and her cell phone number on it. She put the band around Napi's neck. "Mommy has to leave you," she said. "But I'll be back. I'm gonna come back."

If it was a lie, it was a necessary lie, to a little dog with a wrinkled nose and eyes so full of longing.

"I love you, Napi," Cheryl said. "Mommy loves you." Lariana grabbed her hand and told her mother they had to go. *Now.*

Cheryl turned and walked away. She boarded the boat, sobbing, her daughter sobbing. There were six on the boat. It may seem ridiculous to cry for a dog in the face of all the horrors, but then again it isn't ridiculous at all. She had been forced to leave her loyal little dog to die.

By the time Cheryl and her family made it to her sister's home in Baltimore, Cheryl believed that Napi had been euthanized. A week went by after the hurricane, a week of wondering whether her grief would ever go away.

> "Mommy has to leave you," she said. "But I'm gonna come back"

Her cell phone rang. She wa sitting on her sister's porch. Th caller said she was Mary Lou Fi sterwald, a Texas teacher. "Do yo have a dog?" she said. Cheryl gav a halfhearted yes, since she didn really have a dog anymore. "I hav Napi here," Finsterwald said.

Cheryl let out a scream of jo that might have awakened all Baltimore. "You have my Napi! She learned then that Ten Healthcare Corporation, whic owns the Lindy Boggs Medical Center, ha arranged to evacuate the workers' pets. Th animals were taken to Slidell, Louisiana then onward to a triage center in Hatties burg, Mississippi, and then on to the Aled Vet Clinic. Remarkably, all the pets but on survived and were placed with foster fam lies until their owners could be located.

"I'm coming!" Cheryl cried. On Septem ber 20, Cheryl and Larry made it to th Aledo Vet Clinic. Finsterwald was holding li tle Napi, all sleek and pretty, wearing her ol pink collar with a brand-new pink leash.

"Napi! Napi!" Cheryl cried, and Napi's ta wiggled so hard she appeared to be dancing "My baby!" Just when she was finished cry ing, she cried some more. "Mommy's neve going to leave you again."

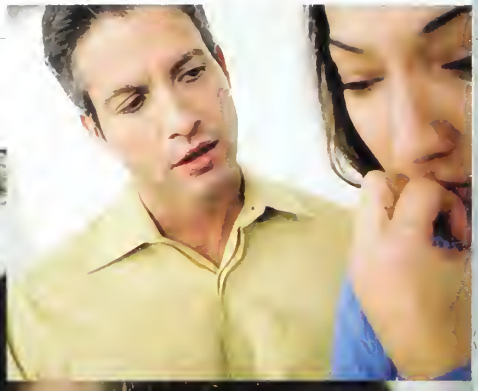
There is little left for Cheryl and her fam ily in New Orleans. The Lindy Boggs Med cal Center remains closed indefinitely, an their home of 18 years has been badly dam aged. So Cheryl and Larry have decided t make a new life in Balt more. Losing nearly a their possessions has o fered profoundly mean ingful lessons. "I have new idea about life, an living," Cheryl says "Things don't matte Only people matter—an our dogs."

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 by CYNTHIA HANSON









"He Went to War and Came Back a Changed Man"

Her turn. "I knew when I married Jack that our life wouldn't be easy," said Maureen, 34, whose husband of 15 years is a lieutenant colonel in the U.S. Army. "Still, I accepted the fact that we'd have to move a lot and that he might go to war. This became a virtual certainty after 9/11. Back then, Jack was an operations officer for a combat battalion in Germany, and we assumed he would go to Afghanistan. Instead, in April 2003, a month after the Iraq war began, Jack's unit was sent to Baghdad. I stayed in Germany, where I had good friends.

"After finishing his 14-month deployment, Jack was assigned to a desk job at an Army base in Virginia. We've been here five months, and my husband is a changed man. The fun-loving, upbeat guy I married is now dark, defensive and short-tempered. He scolds fast-food workers, swears at other drivers and picks fights with me. He has started smoking again, has lost his sex drive and is constantly telling me he needs 'space.' I feel like I've lost my best friend.

"I met Jack in 1989, when I was a senior in high school. I went to a fraternity party with my friend Meg, who was a freshman at a local college in our South Carolina town. In a room filled with hippie types in unwashed jeans, Jack stood out in his blue oxford shirt, pressed khakis and loafers. His black hair was cut military short, and he carried himself with confidence. Meg introduced us, and we spent the rest of the party talking. A senior in the Army ROTC, Jack was smart, friendly and courteous—the perfect Southern gentleman, with a soft drawl that exuded charm and sophistication. I really liked him but assumed his age—he was 22 to my 18—put him out of my league. I said good-bye and told Meg to give him my phone number if he wanted it. He called three days later.

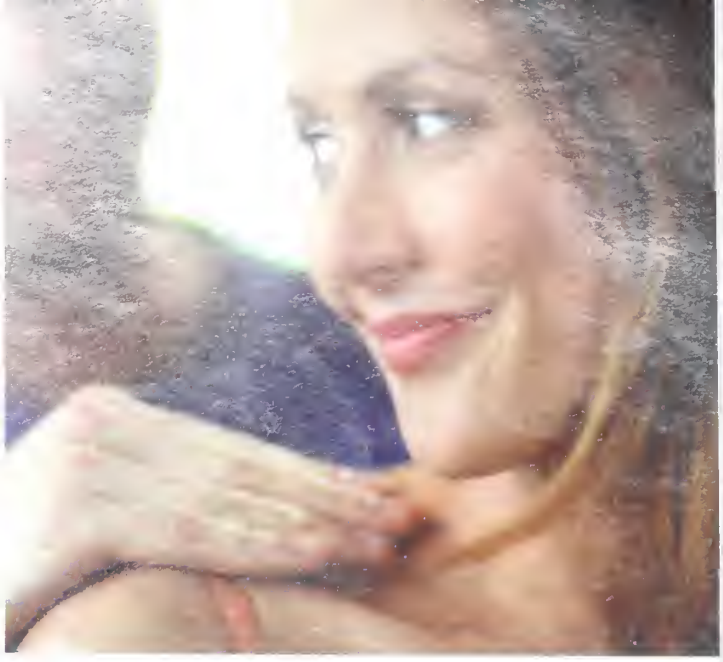
"We were a couple from our first date. After Jack graduated that spring, he reported for active duty in Georgia. I started community college, and we maintained our relationship through phone calls, letters and occasional visits. Soon we were discussing marriage. Jack was up-front about the stresses of Army life: We would have to relocate often and he would CONTINUED ON PAGE 9

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Discover the Power of Touch

By Deborah Mike Olsen



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OU KISS YOUR HUSBAND WHEN HE COMES HOME FROM WORK, CUDDLE ON E COUCH WHILE WATCHING YOUR FAVORITE TV SHOW, AND GIVE EACH OTHER BACK RUBS BEDTIME. These might seem like routine gestures of marriage, but the simple act of touching actually plays a powerful role in keeping connected as a couple. "Physical contact is a human need, like air and food," says Sandra Dawson, a licensed marriage and family therapist os Angeles. "And being physically close to your partner keeps your love alive." Indeed, touch is such an important phenomenon that it's ally been studied for its medical benefits, such as improving immune function, reducing pain and even helping premature babies gain ght. Here, two experts — Dawson and Susan Heitler, Ph.D., a marriage and family therapist in Denver and author of *The Power of Two* ound off on how touch can deepen the connection you already have with your spouse.

What role does your partner's touch play in a marriage?

HEITLER: Touch equals connection. en you caress your spouse, you're essing how bonded you feel. It's a way aying "I like you," and that's soothing gratifying. Touch also has a calming ct. When your partner is upset and put your arm around him, you vey your "good vibes" to him.

VSON: Gentle touch is fundamental eling safe and loved.

How does physical contact help create intimacy?

HEITLER: When someone is close ou physically, you feel close to that on. For instance, we tend to feel closer eople we see on a daily basis — even if lon't know them well — than those we ly see but have known for years. There's nse that you're in the same space tionally and physically. A bonus: If you your husband are laughing together h becomes even more meaningful

Sharing a joyful moment creates additional positive synergy between the two of you.

DAWSON: Intimacy means being able to reveal your true self to your partner and touch relaxes us so we're able to be ourselves. It also opens couples up to experiencing more pleasure together.

DR. HEITLER: Take [illegible] your partner just [illegible] and [illegible] the [illegible] and [illegible] contact [illegible] you [illegible] [illegible] [illegible]

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Try sensuous strokes along the shoulders
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be stationed overseas on a "hardship tour" for at least a year without me. But we were deeply in love, and I liked the idea of living in different places. Jack and I got married 18 months after we met. He was 23; I was 19.

"Three months after the wedding, my father died of a massive heart attack. The loss staggered me. My dad and I had always had a good relationship, but I was consumed with regret over not having told him just how much I loved him. Jack listened to my venting for a few weeks, then copped a 'get over it' attitude. Eventually, I worked through my grief and our marriage proceeded smoothly. We lived on the base, socialized with other military couples and enjoyed hiking and camping.

"In 1992, Jack fulfilled his hardship tour in South Korea; afterward, he was sent to Colorado, where we spent four wonderful years. Jack thrived in his job. I finished school and we traveled throughout the West. We had hoped to have kids, but after two years of trying, our doctor determined that Jack had a low sperm count. We considered in vitro but didn't want to undergo the stress and expense of a procedure with no guarantees. Our lives were happy enough that we chose not to pursue adoption, either.

"Colorado was followed by a one-year stint in Virginia and a three-year assignment in Kentucky. By the spring of 2001, when Jack received orders to join a combat battalion in Germany, we couldn't pack our bags fast enough. We had always dreamed of living overseas, and Jack and I immediately immersed ourselves in the German culture. We went on romantic getaways every weekend, and over an 18-month period, we visited 16 European countries.

"We were happy until the fall of 2002, when the buildup to war began and the Army imposed travel restrictions, requiring Jack to stay near the base. We lived in perpetual stress for five months, wondering whether the United States would invade Iraq and Jack's unit would be deployed. Our views on Iraq were a sore point: I opposed the war and he supported it. But he didn't want to argue. 'I don't have time to debate politics,' he'd fume whenever I raised the subject. Ultimately, we agreed to disagree and to stop discussing Iraq. Neither of us was going to change the other's mind.

"Days after the war started, Jack learned that his unit would be going to Baghdad. After he left, I relied on three close friends for companionship and support. I was cordial with the other Army wives but in their eyes I was the boss's wife. It would have been awkward for me to share my personal feelings about anything with them, let alone the war in Iraq. After Jack left, I avoided most social situations. The other wives' concerns heightened mine; I would leave a group dinner feeling worse than when I arrived. I felt isolated in both the military community and in Germany, a country that was staunchly anti-war. I also missed Jack terribly and worried constantly about his safety. Unfortunately, we had limited contact. When he first arrived in Iraq, it was hard for him to call, and when he did, the line would often go dead in the middle of our conversation. He had no e-mail for the first few months, either, which meant it was impossible to schedule calls. We wrote letters, but they are no substitute for someone's voice.

> "I imagined a romantic reunion, but he was distracted and depressed"

"Halfway through his deployment, Jack got a two-week leave. I imagined a romantic reunion, but he was distracted and depressed and our lovemaking was perfunctory. He wouldn't talk about the war or the shooting death of a close friend. Our short vacation in Sweden was a fiasco. The old Jack was a great travel partner, but the new Jack set our daily agenda and walked two feet ahead of me. We argued constantly. When he left again for Iraq, I feared that the war might permanently change his personality.

"We've been together in Virginia for five months now and his attitude has yet to improve. His road rage is getting worse, so he now insist on driving us everywhere. I can't remember the last time we made love or even held hands. I decided to go back to work to stem my loneliness, but the prospect is frightening and Jack gives me no support. The other night, I started to cry as I struggled to write my resume for a sales job. 'Stop feeling sorry for yourself,' Jack yelled, looking at me with disdain. 'You don't have it so bad. You don't even know what bad is.'

"I realize that Jack needs time to adjust after the battlefield, but I can't take much more of his insensitivity and anger. This is not the man I married. I still love my husband, but I don't like him anymore. And I can't stay in a marriage where my emotional needs aren't met and I feel so hopelessly alone."

CONTINUED

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It's fast.
Maybe too fast.

"I don't blame Maureen for disliking me," admitted Jack, 38, a tall, handsome man who looks every inch the high-ranking military officer he is. "I don't like the fact that I'm constantly irritable and I've taken up smoking again, or that I yell at Maureen and swear in anger. And it kills me that my sex drive seems to have disappeared.

"I'm still living in a state of heightened sensitivity—a 'combat mode' that probably saved my life in Baghdad but doesn't work at all on the home front. The other night I saw a helicopter turn on its landing lights as I drove across a bridge and I had a flashback. Thinking I was under fire, I felt an adrenaline rush and started screaming and pounding the steering wheel. Another time I heard a garbage truck drop a trash bin as I drove off the base. It sounded like a rocket, so I panicked and almost crashed into a light post. Even the smell of burning leaves reminds me of Baghdad, where fires raged day and night. I have nightmares about being lost in a combat zone, caught in a firefight without my gear or sent back to Iraq. I'm proud of the work I did there, and I'll go back if the Army asks me to, which is highly likely. But I'd rather not.

"Since my return I've become super-impatient. If I order a hamburger, I don't want to hear from the cashiers about the combination meals. 'Listen to me,' I snap when they launch into their spiel. 'I ordered a hamburger. A *hamburger*.' I never raise my voice, but I know my stern tone is withering. Even worse, I feel disillusioned. I'm haunted by the brutality I witnessed in Iraq, such as a revenge killing where some Iraqi soldiers gunned down a family of seven in their home because they were suspected of being loyal to Saddam Hussein's Baathist Party. I'll never understand that kind of cruelty.

"After seeing the conditions the Iraqis have had to live with—the open sewage, the stench of rotting bodies, the oil spills, the lack of electricity—I despise the way people back home sweat the small stuff. I'm sorry, but I just can't sympathize when Maureen mopes and whines about being unemployed and lonely. There's no financial need for her to get a job immediately, and she'll make new friends in due time. The Army counselors who met with my unit explained that our readjustment period would likely last for as long as we were deployed—for me, 14 months. By that benchmark, I've got another nine months to go. Why won't she cut me some slack?

"I grew up in the rural South. My dad, an engineer, and my mom, a nurse, raised me to mind my manners and love my country. I'm a fifth-generation soldier—my ancestors fought in the Civil War and the Spanish-American War—but the first member of our family to be an officer. As a member of Junior Army ROTC in high school, I developed that I'm a born leader and natural problem solver, two skills essential to a successful military career. Another selling point was the travel required by the Army. When my sister and I were kids, our parents took us all over, and we loved those trips.

> "Jack disclosed the fears he had long kept buried and broke down in tears"

"The night I met Maureen I couldn't take my eyes off her. She's tall and muscular, with long brown hair, brown eyes and a sexy smile. And her sharp humor and candor distinguished her from the demure Southern belles I'd dated. We fell in love fast and four months into our relationship, I knew I wanted to marry her. She and I have fundamental personality differences: She's spontaneous, easygoing and gregarious—a happy person who wakes up smiling, eager to embrace the day. She depends emotionally on family and friends. I'm organized, stoic and independent emotionally. But instead of letting those differences divide us, we've drawn strength from them throughout our marriage.

"As Maureen mentioned, our marriage did get off to a rocky start when her dad suddenly died. I didn't know how to help my wife grieve, and I failed to give her adequate emotional support, something I'll always regret. But beyond that, the biggest crisis in our marriage was when we found out we couldn't get pregnant. In time, we came to terms with that and concluded that we could be happy without children. If it weren't for the Iraq war, we'd still be getting along great.

"As soon as we knew I might be deployed, my emotions were all over the map. I was terrified I might be killed but never mentioned my fears to Maureen, because I didn't want to increase her anxiety—or mine. I also felt frustrated by her pestering me to discuss the politics behind the war. I repeatedly explained that I had to remain neutral in order to stay focused on my job, which was preparing my soldiers for battle. Finally, we agreed to stop discussing CONTINUED

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"I never dreamed I could fit into a prom dress I'd worn 30 years ago!"

Let alone play on the floor with my granddaughter—but now I can."

had put on weight gradually over the years. With two sons and a husband, she says, 'I ate what they ate—no wonder I weighed what /eighed." But things were getting out of hand. The scale had reached 229 lbs. and she knew she had to do something if she wanted to und for her husband, children and grandchildren for years to come. That's when she decided to try NutriSystem and lost 80 lbs.*

ss I got overweight like many of us do. le by little, bite by bite. Finally, one day oked in the mirror and thought, "Who is rson looking back at me? That's not who

d come to the point where I really just e a piece of the furniture—something nded in, that no one really noticed. Cer- no guy is ever going to take a second t a heavy woman walking down the

n't feel pretty. And I didn't feel attractive. then I saw an ad for NutriSystem and al people like me who had lost a lot of I thought, "You know, if they can do it. *I can do that.*" And I did.

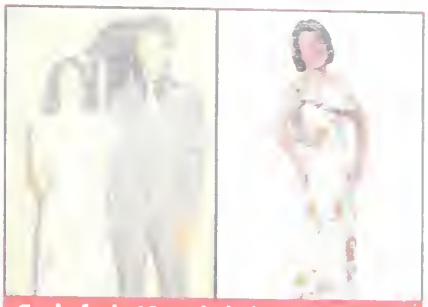


Gayle lost 80 lbs.*

ystem is easy to follow, sensi- d healthy—not gimmicky.

first started, I just couldn't believe sy the program was. The plan is a nmon sense approach to weight loss it into my life perfectly. I loved that t have to count calories or carbs or ig—*I just ATE!* Everything was ed right to my door and took only s to prepare. And all the entrees and are completely portion controlled *was really great for me because I had actually forgotten what a real size was*).

ood is so good and nutritious, too. And e so many different foods that you can lly eat a different meal every day of the . I got to eat five times a day, and never ed. I absolutely loved the taco salad *cherry cordial chocolates are to die for!*


Gayle feels 16 again in her prom dress!

What I lost in weight, I gained in happiness.

I know they say that you can't 'buy' happiness but losing weight gives you one less thing to complain about. And for me, it took away a big excuse for not getting involved in life. Now I can do things like going up a flight of stairs without getting winded. And better yet, I can pick up my beautiful granddaughter and dance around with her!

I just feel awesome – *like a million bucks!* With 80 lbs.* gone, I have tons of energy and am trying new things. Just for fun, I recently tried on my old prom dress from my junior prom. *We're talking 30 years ago.* I was skeptical that it would fit, but guess what? It did! A *junior size* – after all these years!

Thanks, NutriSystem, for giving me back the love life I once had.

Nowadays, my husband is constantly telling me how pretty I am. And while he may have said that in the past, now *I believe him!* Before I lost weight, I couldn't accept it. I didn't think it could be true. But now I feel I deserve his love and attention. That's a powerful change.

[illegible] got a [illegible] fact, [illegible] out this [illegible] was a [illegible] Well, [illegible] like [illegible]

To [illegible] my husband [illegible] I feel.

Now, not a day goes by without someone saying, *"You look so good!"*

These days, I feel like me again—like who I was when I was growing up—the person I saw in my mind's eye. And I love the way I look in clothes now, too. Before, I didn't care to shop, but now it's really kind of fun!

Look. With NutriSystem, everything is possible. If you set your mind to it, you can lose weight and love life again. You can be happy all over again.

Just look at me. Before, I wanted desperately to see in the mirror the person I saw in my head. Now, thanks to NutriSystem, I do—and she's actually looking back at me and smiling!

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Results [illegible]

it. That helped ease the tension somewhat.

"In Baghdad I was overwhelmed by the stench of fires burning and the sight of dead bodies in the streets. Our mission was to handle 'cleanup' in the aftermath of the invading forces, so 75 percent of our time was spent on duties like restoring electricity and 25 percent on fighting the bad guys. I never fired my weapon but I sent my soldiers to chase down the enemy. My closest call came when we provided security for another unit conducting a raid in a village where Baathists still operated. A man with two small children drove up in a donkey cart and kept approaching, despite my soldiers' repeated shouts of 'Stop! Stop!' in Arabic. Assuming he was dangerous, I aimed my gun and tightened my pull on the trigger. Then, in the glow of the moonlight, I saw that the man was unarmed. In another blink of an eye, I could have killed three innocent people. I'll live for the rest of my life with the image of their terrified expressions.

"Then, to add to my stress, I had a conflict with a superior, who relied on me to make the tough decisions about combat operations—and took credit when things went right and blamed me when they didn't. He played politics behind my back, so for several months, my name was mud with some Army leaders. There was no long-term fallout, but I worried my career could be damaged.

"I missed Maureen and worried incessantly about her, but I couldn't express those feelings. In the beginning, I tried to call every week, but as Maureen said, the phone system was unreliable. After I got Internet access, we e-mailed each other. Our phone conversations were strained, in part because Maureen was mad at me for dodging her questions. I didn't like being so guarded, but I couldn't tell her about the challenges of my work, my problems with my superior or about how I nearly killed three innocent people. I didn't want to upset her or let her know how much danger I was in.

"My two-week leave was awful. Maureen longed for romance, while I wanted only rest, and we expressed our disappointment by arguing. I was struggling with a million different emotions. I felt guilty about leaving my troops behind in Iraq, I was depressed about life in general and I was annoyed that Maureen pushed me to discuss topics I wanted to avoid, including how I felt when one of my buddies was killed. Why couldn't she give me some space?

"Maureen is the love of my life and I'm heartbroken that she might leave me. I am determined to do whatever it takes to feel normal again."

> "Maureen needed to be more independent. Jack needed to be less critical"



The counselor's turn. "I have treated several military couples whose marriages are at risk in the aftermath of war," the counselor said. "The stress of being in a life-threatening situation for months on end cannot help but affect a serviceperson's attitude and behavior. Similarly, it's difficult for military spouses to know their partner is in harm's way—and not know whether they'll ever be reunited. As a result, both parties suffer significant emotional trauma.

"After listening to Maureen lament Jack's changed personality and lack of support, and hearing Jack describe his adjustment and impatience over her neediness, I told them their issues were serious, but not unique. 'You are experiencing a crisis connected to the war, and your responses are appropriate,' I reassured them.

"I had no doubt that this couple's marriage could be repaired. Maureen and Jack were in love, and they were brutally honest with each other in the first session—always a good sign. Each accepted responsibility for his or her behavior, avoiding the blame game that often masks the real problem. There were no lingering childhood issues, and both were motivated to change. As Jack put it, 'Tell me how to fix what's wrong.'

"Our work began by discussing Jack's service in Iraq and then examining its effect on him. Until then Jack had been tight-lipped about his anguish at losing his friend, his despair over nearly killing an innocent farmer and his bitterness toward a superior who'd bad-mouthed him up the Army's chain of command. He had suppressed his emotions while operating in survival mode in Iraq, hence his need for emotional

CONTINUE

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Just be glad we don't make toilet paper.





A supe[illegible] toilet

distance and impatience with everyone, including Maureen. Jack's reports of nightmares and flashbacks suggested that he was suffering from a mild case of post traumatic stress disorder. 'You need to discharge the trauma you've been carrying around,' I explained. 'The sooner you open up and release your anger, the sooner you will be able to reconnect with Maureen.'

"Ever the good soldier, Jack complied, and as he disclosed the emotions and fears he'd long kept buried, he broke down in tears. Men rarely cry in session, but when they do, it suggests that they've become emotionally available to their partners. 'This was the only time I wept about my service in Iraq,' Jack acknowledged. 'I left that therapy session feeling cleansed.'

"Maureen was moved by her husband's vulnerability: 'For the first time, I understood how the war really affected him.'

"Jack was still seething about his former superior, so I gave him an exercise. I told him to write a 'grudge letter,' never to be sent, in which he put down on paper everything he wanted to tell the man. I asked him to read the letter aloud in session, then I encouraged him to burn it. 'This helped me realize that my superior was unqualified for his job and that I was angry over my inability to do anything about it,' he said. 'With that insight, I let go of my anger.'

"Jack also needed to be more sympathetic to his wife. I validated his assessment that Maureen was emotionally high maintenance but also pointed out that his failure to support her during this transition was akin to his lack of sympathy when her father died. 'If you continue to be dismissive and condescending,' I explained, 'your marital conflicts will escalate.'

"As for Maureen, she was justifiably traumatized by Jack's deployment, the possibility that he could have died in Iraq, his changed personality and the loss of her social network after they moved from Germany to Virginia. For people mired in crisis, simply being heard in the safety of therapy can spur the healing process. That's what happened with Maureen after she described everything that had been bothering her since the buildup to war.

"Our next step was to explore Maureen's apprehension about the job search. I helped her create a schedule for answering ads and making cold calls. Within months, she accepted an offer for a sales position at a telecommunications company. I also believed Maureen would fare better if she were less isolated, so I encouraged her to seek out people with similar interests. She joined the art museum and took up yoga. 'I still don't have any close friends,' she said, 'but I look forward to seeing acquaintances at work and at events.'

"Finally, I recommended that Maureen and Jack change their antagonistic communication style. Jack had to become less critical and blaming; Maureen had to use 'I' statements, so that Jack wouldn't misunderstand her. 'Now, if I want Jack's support, I say, "I need a hug," and he delivers. Also, I urged Maureen to give her husband the 'space' he kept requesting.

"Gradually Jack began to feel like his old self again. His libido returned, he stopped smoking and his nightmares, road rage and impatience subsided. As they felt more loving, their sex life not only resumed but improved.

> "As the couple felt more loving, their sex life not only resumed but improved"

"Toward the end of our therapy, we discussed the possibility that Jack would return to Iraq. They accept that this might happen and believe they will be better prepared to handle a second deployment. 'If Jack goes back, I'll stay in Virginia and continue working,' Maureen said. 'If necessary, I'll get therapy to help me work through it.'

"'I was skeptical about therapy, but it has been one of the best experiences of my life,' Jack said. 'I'm a better husband for it.'

"'Jack is back to being the wonderful man I married,' Maureen agreed, 'and I love him more than ever.'"



"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Marc D. Rabinowitz, L.C.S.W., a marital therapist at the Psychotherapy Center, in Norfolk, Virginia. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

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There s a

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(Clockwise from top left) DeCotis, Johnson and Donahue on day one; a spirited Donahue on the road to Ames, Iowa; framing a wall in Ames

"It's Amazing to Help Change Lives"

For these young adults, spending time building a home for Habitat was one of the most rewarding parts of their college experience

Last summer Quinnen Donahue, 22, spent nine weeks biking cross country to raise money and awareness for Habitat for Humanity, eating countless peanut butter and jelly sandwiches, [illegible] innumerable scrapes and scratches and sacrificing many [illegible] night's sleep to fitful slumbers on the floor in a sleeping [illegible]. It was one of the best things the Ithaca College graduate [illegible] done in her life. Along with 28 teammates, Donahue took part in a program sponsored by Bike & Build, a nonprofit organization in New York City that funds affordable housing projects. They got up each morning b[etween] tween 5:30 and 6:30, biked an average [illegible] miles a day, ate lunch in roadside cornfiels[ds] and local parks and contributed $63,80[0] toward the construction of a Habitat hom[e] in their trip's starting point, Providenc[e], Rhode Island.

The team also spent time helping Habit[at] in a more hands-on manner, participating [in] builds for families from Nanticoke, Pen[n]sylvania, to Spokane, Washington. In G[il]bert, Iowa, the gang helped CONTINU[ED]

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ORMULA 410 SEEMED LIKE
A GOOD IDEA,
BUT YELLING
"TAKE COVER"
WITH EACH SPRAY
GOT ANNOYING.



raise the exterior walls on the 1,100-square-foot, three-bedroom ranch house being built for Jolene Young, a single mother of two. In Lafayette, Indiana, they laid tar paper and nailed shingles on a pair of similar ranch houses for two other single moms, Shelley Yost and Christina Poynter. After a day working alongside the team, Yost likened them to a highly functioning family: They didn't fight or argue and they related well to one another (despite the fact that most hadn't met before embarking on their trip), she said. And the fact that the team had traveled so far to help out wasn't lost on Yost. "It was gratifying to see them do so much after all the hard work it took for them to get here," she said. "And they didn't even know me."



No fear of heights here: Teammates lay tar paper in Lafayette, Indiana

Their efforts made an impression on local Habitat volunteers as well and may have earned Bike & Build some new recruits. Doug Taylor, executive director of Habitat's Lafayette affiliate, has two sons who also pitched in on the Yost build and now want to join a Bike & Build ride during one of their coming summer breaks. "It gives you a whole summer to have a little adventure as well as help out needy people," says Austin Taylor, 20, a junior at Purdue University, in West Lafayette. "With a regular summer job, you just go into work every day. With Bike & Build, you get to see the country from the seat of your bike, which is the best way to see it."

The team's build days were often exhausting, but for Donahue, a veteran Habitat volunteer who had served for a semester as her college chapter's president, the hardest part wasn't cutting plywood for framing but having the courage to let others have a go at the tougher jobs. She says that only three other Bike & Build teammates had worked extensively on builds and were as comfortable with a power saw as she was. "But if I did it all myself," she says, "no one else would have been able to have the awesome experience I had."

Though up to eight hours of riding each day usually left the team members depleted of energy, every now and then they found themselves with extra steam to blow off. In Columbus, Ohio, they got a local dance instructor to give them a group salsa class and in Plainview, Nebraska, they persuaded a bowling alley to open at 6:30 A.M. since they had arrived in town too late to partake the night before. In Missoula, Montana, they went tubing on the Blackfoot River, caught a rodeo in Casper, Wyoming, and checked out a fur-trade festival in Chadron, Nebraska. Those older than 21 sometimes kicked back at local bars and shared their Habitat stories with the regulars, many of whom bought them a round of drinks for their efforts.

By the time the group arrived in Seattle, their final destination, they had formed lasting friendships and memories. Ithaca College graduates Sara DeCotis, 22, and Todd Johnson, 24, got engaged toward the end of an arduous ride along Wyoming's continental divide. Both had volunteered for Habitat before—they spent their last winter break on a build in Tarboro, North Carolina, and their spring break on a build in Columbus, Georgia—but adding bicycles to the mix took their Habitat experiences to a whole new level. Johnson was struck by how the blue-logoed Bike & Build jersey—faded and often punctured with holes as a result of falls—became conversation starters among locals he encountered along the way at gas stations and grocery stores. DeCotis enjoyed riding past farms and through small towns. As for Donahue, "talking to people and learning their stories, hearing about how the houses were going to impact their lives" will stay with her always.

Even now, as she bikes to work for a lightning-rod installer in Brimfield, Massachusetts, Donahue remains moved by her experience. "It is awesome to know that my hands helped to build houses all across the country," she says. "It's amazing to look back and know you've touched lives almost everywhere."

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PRAYING FOR TWO

By Margaret Renkl

When Lisa Patrick, 43, gave birth to twin daughters, in 2004, she was glad to be finished with hospitals. Lisa and her husband, Arthur, 46, of Huntsville, Alabama, had married late and consulted a slew of doctors in their quest to become parents. First came the fertility specialists they saw after Lisa had trouble conceiving. Then there was the pregnancy itself, which was high risk by virtue of Lisa's being over 40 and carrying twins. Weekly ultrasounds revealed that the babies were healthy, but at seven months, Lisa was confined to bed. It was a relief when Abigail and Shea arrived safely, by scheduled C-section, on June 28, 2004.

Lisa threw herself into the role of a happy, if nervous, new mom. "I called the pediatrician almost daily," she confesses. But no one thought anything was seriously wrong when, at three months, Abigail developed a runny nose and started making little grunting sounds during feeding. Then one afternoon Lisa found Abigail was drenched in sweat. At the twins' next checkup, she mentioned the episode, but the doctor gave both girls a clean bill of health. The next week Abigail had another bout of heavy sweating and she stopped eating, too. Once again, the doctor checked her out but found nothing wrong beyond a slightly elevated white blood cell count. "They thought she had a virus," Lisa says.

That was on a Tuesday afternoon. By Wednesday night, Abigail was a very sick baby. She screamed uncontrollably all night long; at about 4 in the morning she turned pale and started vomiting. At 5, while Arthur stayed home with Shea, Lisa rushed Abigail to the emergency room. "Please help us!" she cried to the first person she saw. "Something's wrong with my baby."

"When they got Abigail hooked up to all the monitors, her heart rate was over 200," Lisa recalls. An echocardiogram revealed that the baby's heart was dangerously enlarged. "I figured it was temporary," Lisa says. "It never crossed my mind that something could be wrong with her heart." Then she remembered that her younger brother, Michael, had died in 1970 at age 5 when a virus like attacked his heart. Suddenly she was terrified that Abigail could meet the same fate.

A pediatric cardiologist delivered the diagnosis: Abigail was suffering from cardiomyopathy, a disease that weakens the heart, causing it to pump poorly. Because the heart muscle is weak, it has to strain to do its work, and the strain eventually produces an extremely dilated organ with leaky valves. The preliminary symptoms—sweating and difficulty feeding—are subtle and can be missed by pediatricians. In rare cases there are no symptoms at all, and the condition isn't caught until an apparently healthy infant dies suddenly of cardiac arrest.

Over the next two days doctors worked around the clock to stabilize Abigail with medications. Arthur, a NASA engineer with the Marshall Space Flight Center, in Huntsville, scrambled to CONTINUED ON PAGE 4



MIRACLES

Soon after they were born, identical twins Abigail and Shea Patrick were both in urgent need of heart transplants. What were the odds that their parents' prayers would be answered—twice?

Abigail (l.) and Shea shown here at 15 months are thriving

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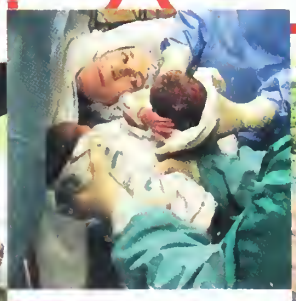
A TIME LINE OF TWO HEARTS



Shea is born



Abigail is next



Mom sees her girls



Abigail and Shea come home

arrange for an indefinite leave from his job. (Colleagues donated their unused leave time to extend his.) The girls' grandparents arrived to help. Once Abigail was stable, she was sped by ambulance to Vanderbilt Children's Hospital, in Nashville, a brand-new facility with a state-of-the-art pediatric cardiology unit two hours away from Huntsville.

The first challenge for the doctors there was to figure out why Abigail's heart, which had seemed perfectly normal on all her prenatal ultrasounds, had tripled in size in three months and could barely pump at all. "A diagnosis of cardiomyopathy is kind of like a diagnosis of fever," explains pediatric cardiologist Debra Dodd, M.D., medical director of the pediatric heart-transplant program at Vanderbilt. "It tells you the problem but not the cause." Some forms result from a virus and are temporary, others progress slowly and can be controlled with medication, while others—especially congenital conditions that show up in infancy—are characterized by a rapid decline and prove fatal without a heart transplant.

The first clue that Abigail's condition fell into the third category came in the saddest possible way. "I wanted to make sure that Shea was okay," says Lisa, "so I asked my parents to take her in for a chest X-ray and an echocardiogram. I thought I was being paranoid—none of the doctors had even suggested she be tested." The Patricks, however, had believed their daughters were fraternal twins. Back in Huntsville, the same cardiologist who had diagnosed Abigail took a look at her sister's heart. What he saw could not have been more discouraging: It looked exactly like Abigail's. (DNA testing has since confirmed that the twins are identical.) She had yet to exhibit symptoms but Shea was as sick as her sister.

Because both girls had the same condition, and because Lisa's brother had died of similar symptoms (a viral infection was probably a "best guess" diagnosis in 1970), Vanderbilt doctors concluded that the Patrick twins were suffering from familial dilated cardiomyopathy. Without heart transplants, both would die. Shea joined her sister in Nashville.

As soon as the twins were stable enough to be considered candidates for transplant, Dr. Dodd told the Patricks bluntly, "A transplant is not a cure." A healthy heart can replace a poorly functioning one, but the body's immune system can regard the new organ as an invader (like bacteria or a virus) and attack it. Although powerful anti-rejection medicines can be used to suppress the immune system to leave the new organ alone, that can render the patient vulnerable to infections, many of them life-threatening. But the Patricks had no other option. Transplants were the twins' only hope.

The United Network for Organ Sharing (UNOS), in Richmond, Virginia, uses three criteria in matching organ donors with recipients: Physical match (the donor and recipient must have the same blood type and be roughly the same size), need (the sickest patients go to the top of the waiting list) and geography (the recipient must live close enough to the donor to ensure that the donor organ is out of a body for fewer than four hours). Statistically, the riskiest time for a transplant patient is not during the surgery itself or even in the infection-plagued post-op weeks but during the waiting period: A quarter of children on the waiting list don't get donor organs in time. (Luckily, Nashville's central location allows Vanderbilt to accept organs from throughout the United States.)

As the Patricks endured CONTINUED

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After Abigail's surgery



Christmas season, just before Shea's operation



Shea post-surgery



The girls, with new hearts and new hop

the seemingly endless wait for a heart for Abigail, a minor miracle was unfolding. Their situation brought them to the attention of a Nashville TV station. After their story aired, the family was inundated with offers of help from a city of strangers. Churches collected money, residents donated nights in local hotels for the twins' grandparents, volunteers watched the babies while Lisa and Arthur slipped away for a quiet lunch.

In mid-November, Arthur returned to Huntsville to put in a few days' work. "But I wasn't home a day before Lisa called," he says.

Dr. Dodd had found a heart for Abigail.

NEW HOPE, NEW HEARTBREAK

Any time a patient suffers brain death (the brain ceases to function although the body is still on a ventilator that keeps the heart and lungs functioning), his or her healthy organs are transplantable. Once a donor is found, surgical teams arrive to procure organs and rush them to recipients. When Vanderbilt got the call that a heart was waiting for Abigail in New Jersey, two medical teams swung into action: One team flew in a chartered Learjet to bring back the heart while the other prepared Abigail for surgery. Every move is designed to get the donated organ out of one body and into the other in the least amount of time.

Lisa was overwhelmed at the news. "My first thought was of what that other family must be going through," she says. "At the same time that I was celebrating, another mother was mourning."

Arthur hurried up Interstate 65, arriving in time to kiss Abigail good-bye and settle in for a long night of waiting. Yet as heart transplants go, replacement surgeries for cardiomyopathy patients are often the most straightforward. The only problem with the defective heart is that it's severely enlarged. The support structures—the vessels and veins leading into and from the organ—are fine, which means that nothing about the donor heart must be surgically modified to fit the recipient. The surgery went like clockwork, and upon waking on November 16 Abigail Patrick had a new heart. It was the size of a walnut, but its beat was strong and sure.

Her sleepless, hollow-eyed parents were ecstatic: Their 5-month-old daughter, at death's door for weeks, might now enjoy a long life. But the trauma was not over. A day and a half after the surgery, during a routine procedure to remove Abigail from the ventilator, her airway became blocked with mucus and her left lung collapsed. Doctors worked frantically, but by the time she was breathing again, the infant had been without oxygen for several critical minutes, resulting in injury to parts of her brain.

The full extent of the neurological damage won't be known for years, but Lisa and Arthur were shocked by the difference in Abigail immediately after the incident. Her left arm and leg were stiff and pointed and she hardly moved. She couldn't take a bottle, so a feeding tube had to be surgically implanted in her stomach; even then she vomited repeatedly. "Nobody could tell us if any of this was permanent," Lisa says. Abigail recovered some mobility in her arm and leg fairly quickly, but other problems seemed intractable: She couldn't take food or medicine by mouth, she cried and vomited constantly and she was at perpetual risk of seizures. She was discharged the week before Christmas but within 24 hours she was back in the ER with a high fever. CONTINUED

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Meanwhile, a donor heart hadn't been found for Shea. The Patricks were looking at a holiday spent in their room at the local Ronald McDonald House—with one baby growing sicker from heart disease and the other struggling to recover from a transplant and brain injury. "It was a horrible Christmas," Lisa says simply.

Still, there were glimmers of goodness amid the gloom. Nashville real-estate agent Shirley McLeod, one of the hospital volunteers, found a house for the Patricks to live in, rent-free, and got her friends to donate furniture. Four days later the Patricks moved into a fully furnished home large enough to accommodate them, Lisa's parents and Arthur's mother. Volunteers from McLeod's church also brought home-cooked meals to the family three days a week and lent a helping hand at their house every afternoon.

Despite help from volunteers and the twins' grandparents, Lisa's days were an endless blur of feeding babies, dispensing medicines, changing diapers and racing to doctor's appointments. (Arthur had returned to Huntsville at January's end to work four 10-hour days a week.) On top of everything else there was boundless anxiety: Would Abigail recover? Would Shea get a new heart in time? "The whole ordeal was like having an out-of-body experience," Lisa says. "I felt like I was living someone else's life, not my own."

WHAT THE FUTURE HOLDS

Shea was clearly going downhill quickly: She slept a lot, tired easily, couldn't finish a bottle and wasn't growing. No one knew how much time she had left, but Dr. Dodd believes it was a matter of weeks. Still, UNOS policy gives priority to the sickest babies, and according to agency protocol sickest can mean "on intravenous medication." As long as Shea was able to take her medications by mouth, she didn't qualify for an upgrade on the waiting list.

On February 25, the Patricks' luck finally improved. Dr. Dodd phoned with the news that a donor heart slated for a baby at another hospital was going to Shea instead. At transplant time, the other baby had developed a fever and was thus too sick for surgery, and Vanderbilt surgeons were already on their way to St. Louis to retrieve the heart.

Once again, the transplant went beautifully—and this time the ventilator removal did, as well. Shea's post-op demeanor could not have been more different from her sister's. She was energetic, bright-eyed—and ravenous. "She sucked down one bottle after another," Lisa marvels. After only one week in the hospital, Shea was released.

The rest of the winter wasn't easy: Both babies were hospitalized several times with infections. Some, like ear infections, required ordinary antibiotic treatment; others, like the life-threatening blood-borne infection Shea caught, required around-the-clock monitoring. But [illegible] gradually settled down, and at the start of May the whole family returned home to Alabama.

No one knows what the far-off futu holds for the Patrick twins (the oldest pe son ever to receive a successful heart tran plant as an infant is now only 20). But 20 months, both are thriving. The extent Abigail's neurological deficit is still u known, and she receives regular physic and occupational therapy. Moreover, babi can recover from brain injuries that wou devastate an adult. (Because an infant brain is still developing rapidly, the health parts can grow in ways that let them tak over the work normally done by injure parts.) There's reason to hope that som day Abigail will once again be barely disti guishable from her identical twin.

"It's hard to tell a transplant child fro any other child," says Dr. Dodd. "In th beginning, right after the surgery, it's roug because they're on so many medicines an still recovering, but two or three years ou they're basically normal kids."

For Lisa and Arthur Patrick, whose onl children were at death's door just month ago, no words could bring greater joy.

BECOMING AN ORGAN DONOR

Rules vary from state to state. Learn how to register in your state at *www.donatelife.net.*

How to Help the Patricks

The bulk of the Patricks' $2 million hospital bill was covered by insurance, but many related expenses were not. An account has been set up through the Children's Organ Transplant Association to help the family with medical costs. To make a tax-deductible donation, go to www.cota.org *and click on "Patient Campaigns." For updates on the twins, check the Patricks' blog at* www.joe_patrick.typepad.com.



COULD YOUR

Headache

EALLY BE A

Migraine?

u don't get the relief you need for your frequent bad headaches, you may have migraines.

Take this Quiz to help find out

ain Symptoms: When you have headaches, do you have:

Moderate to severe pain? Never Sometimes Always

Pulsating, or throbbing pain? Never Sometimes Always

Worse pain on one side of your head Never Sometimes Always

Worse pain when you move around? Never Sometimes Always

Associated Symptoms: When you have headaches, do you have:

Nausea or vomiting? Never Sometimes Always

Sensitivity to light and sound? Never Sometimes Always

Your headaches could actually be migraines if you answered "sometimes" or "always" to at least two Pain Symptoms, and at least one of the Associated Symptoms and you've had at least 5 of these bad headaches lasting from 4 to 72 hours without treatment. Only a doctor can decide if your headache is a migraine and not another problem. So take this quiz to your doctor, and if you are diagnosed with migraines, **ask your doctor if IMITREX is right for you.**

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IMPORTANT SAFETY CONSIDERATIONS

Although the vast majority of patients who have taken IMITREX have not experienced any significant side effects, some patients have experienced serious heart problems and, rarely, weakening the effectiveness of IMITREX use. Worldwide deaths have been reported in 3 but a few instances, however, it is not known whether IMITREX was responsible for these deaths. Patients with coronary heart disease, and patients who wear, while IMITREX was these deaths. Serious events such as stroke, blood vessel problems, brain hemorrhage, and death have been reported in patients who were taking IMITREX. Some of these have resulted in death; however, the relationship of IMITREX to these events is uncertain. It is unknown if these cases appears possible that patients were not experiencing event due to blood vessel disease. In the past, IMITREX was given to the incorrect belief that the person may have been suffering a migraine. For these, you should not take IMITREX if the headache you are experiencing is different from your usual migraine attack. People who suffer from migraines may be at increased risk of certain conditions. Ask your doctor if these and other risks apply to you.

WHO SHOULD NOT TAKE IMITREX?

Some types of migraine headache should not be treated with IMITREX and some patients should not take IMITREX because of an increased risk of serious side effects.

- If you have had a heart attack, stroke, transient ischemic attacks, peripheral vascular disease (including ischemic bowel disease or Raynaud syndrome) or any sort of heart disease or symptoms that are associated with constriction of blood vessels, such as ischemic heart disease, angina or coronary artery vasospasm, you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use IMITREX.
- If you are taking certain drugs for depression, talk with your doctor. IMITREX should not be used if you take or have taken within the last 2 weeks monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches you have. If you have hemiplegic or basilar migraine, you should not take IMITREX. IMITREX should be used only in patients who have been diagnosed by a physician as having migraine with or without aura.
- Tell your doctor about any other medicines you are taking. If you are currently taking any migraine medicines that include ergot alkaloids, such as methysergide or dihydroergotamine or other 5-HT_1 agonists, do not take IMITREX within 24 hours of taking these medicines.
- Do not take IMITREX if you are allergic to sumatriptan or any of the ingredients in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS WITH MY DOCTOR?

- If you have risk factors for heart problems, you should tell your doctor. Your doctor should examine you for heart disease to see whether IMITREX is appropriate for you. Risk factors include high blood pressure, high cholesterol, obesity, diabetes, and smoking. Other patients with risk factors for heart disease are women who are past menopause (whether natural menopause or menopause resulting from surgery), men over 40 years old, or patients with a family history of heart disease. If you have risk factors and your evaluation for heart disease is satisfactory, your doctor may ask you to take the first dose of IMITREX in the doctor's office.
- Tell your doctor if you have chest pain, shortness of breath or irregular heartbeat.
- Tell your doctor if you are taking selective serotonin reuptake inhibitors (SSRIs).
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medicine because of an allergy or other problem.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING

Do not take IMITREX if you are pregnant, think you may be pregnant, are trying to become pregnant, are not using adequate birth control methods, or are breast-feeding unless you have discussed this with your doctor.

HOW TO USE IMITREX TABLETS

For adults, the usual dose is a single tablet swallowed whole with fluids. Do not split tablets. A second tablet may be taken if your symptoms of migraine come back or if you have partial response to the first dose *but no sooner than 2 hours after taking the first tablet*. For a given attack, if you have no response to the first tablet, do not take a second tablet will not first consulting with your doctor. Do not take more than a total of 200 mg of IMITREX Tablets in any 24-hour period.

The safety of treating an average of more than four headaches in a 30-day period has not been established.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?

Do not be overly concerned by information about side effects. Your doctor or doctor will, you know, complete list of side effects that may be associated with IMITREX. Some side effects are tingling and

- sensations, warmth, pressure, tightness in the chest or throat when using IMITREX. If the symptoms from your doctor before using IMITREX do not go away, call your doctor immediately.
- If you have taken IMITREX call your doctor.
- Short lasting of the eyelids, blurred vision, watering of the eyes, loss of vision, double vision, or spots before the eyes, rarely, but if they appear to you, you should not take any more IMITREX.
- Some people may have a feeling of heaviness of the face, tightness, pressure, or discomfort after taking IMITREX. These symptoms usually go away. Tell your doctor about these effects.
- that you do not

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?

If you have taken too much IMITREX, contact either your doctor, a hospital, or the nearest poison control center immediately.

HOW SHOULD I STORE IMITREX?

Keep out of the reach of children. Do not remove tablets from the blister pack until you are ready to use them. Do not store in any other container. Do not use after the expiration date on the package.

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LADIES' Home Journal

CELEBRATE LOVE

at Sandals

In mid-October, Ladies' Home Journal hosted more than 150 couples at Sandals Grande Ocho Rios Beach & Villa Resort in Jamaica for a 4-night/5-day celebration of love and marriage.

onsored by: K-Y BRAND nutrisystem POND'S CHAMBORD

We couldn't have picked a better location than Sandals Resorts, the Caribbean's #1 ultra-all-inclusive luxury resort for a romantic getaway to renew the wedding vows of over 150 of our most devoted readers.



ıe sunset ceremony, just
re Kassie DePaiva, (Blair
ıer on *One Life To Live*)
ved her vows with James
iva they sang a duet from
e's first album *Naked*



Kassie and James also hosted a golf tournament at Sandals Golf & Country Club to benefit the **League For The Hard of Hearing**. Mary Greenwood, on the right, won the ladies longest drive and closest to the pin!



Immediately following the wedding vow renewal ceremony, Editor-in-Chief, Diane Salvatore, toasted all the newly re-married couples with **Chambord** and Champagne





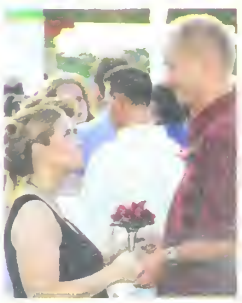
ts then attended a beautiful
on Bailey Signature
lingmoon™ reception pool-
ıt Sandals Grand Ocho Rios
able décor pictured above is
the Water Lily Collection



One night, guests returned to their rooms to find a romantic sanctuary including rose petals on the bed, candles around the bath, and toys to try like **K-Y brand TOUCH MASSAGE** and **K-Y brand SENSUAL** Evening Mist



NutriSystem helped several couples lose weight and feel [illegible] getaway! Pictured above [illegible]





To see for yourself just how [illegible] Ladies' Home Journal, check [illegible] to watch the Co[illegible]

Or log-on to lhj.com/vows for [illegible]

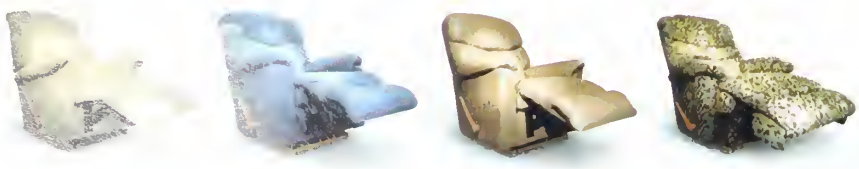
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Home Sweet Home Office

Make your office work as hard as you do with stylish ideas that maximize storage space and keep everything in order



Using three joined lengths of wood painted a durable high-gloss white, we created a sizable desktop that has enough surface space for everything. Instead of resting on legs, the desktop is supported by storage units—a handsome set of file drawers and CPU cabinet from Pottery Barn—and has a hutch, also from Pottery Barn, on top to keep everyday items organized. Thomas O'Brien's desk lamp from Target offers sleek task lighting. Hide-Smith-Trouble's wooden blinds allow just enough daylight

Photographer John Gruen and his wife, Beth Adams Gruen, an illustrator, had outgrown their cluttered home office. It was more than just an eyesore, it was also a study in inefficiency. The room's layout didn't allow for more than one person to work at a time. Storage space was scarce and what little they had was filled to the brim with disorganized paperwork. But we were able to help the Gruens turn their home around, by suggesting the purchase of a few key furniture pieces and the implementation of simple clutter-busting strategies. The same ideas can work for you, too.

Begin by weeding through all the materials in your home office (see chart on page 128) and tossing anything outdated or superfluous. Then scrutinize the room with one goal in mind: to make the space work for your family. It sounds elementary, but often clutter is born out of an unrealistic assessment of your lifestyle and needs. Do you need more drawers for supplies? Can you give up some work surfaces for file space? With your needs in mind, consider investing in an armoire desk with doors, or cabinets with file drawers—the more items stored out of sight, the better. Last, when choosing accessories, avoid conventional office supply products; instead, choose baskets, colored boxes or bins, which offer both style and function.

CONTINUED





All in a Row

With its two rows of cubbies, this credenza offers the Gruens plenty of compartmentalized storage space. We outfitted the bottom row with labeled baskets to hold items best kept out of sight, like newspapers to be recycled, and designated the top row for books, storage boxes and woven baskets. Tivoli Audio's pint-size sound system, which has big sound despite its compact size, fits in a cubby perfectly. And to warm up the room we chose a jaunty, striped cotton rug in mustard yellows and browns from Dash & Albert.

Behind Closed Doors

The Gruens have found this armoire the ultimate deskside companion. Spacious enough to store their printer, computer discs and magazine files, its best features are the doors that close to conceal it all. We outfitted them with a hanging wall pocket and magnetic containers, both from See Jane Work, that can be filled with easy-to-lose objects such as clips and tacks. Printer and photo paper is organized in the Container Store's paper sorter and vertical file, and flat artwork goes in wide striped boxes from Exposures. Binders from Russell+Hazel, on the bottom shelf, organize current paperwork. Above the armoire, two of John's photos fill frames from Exposures.

Sources on page 202

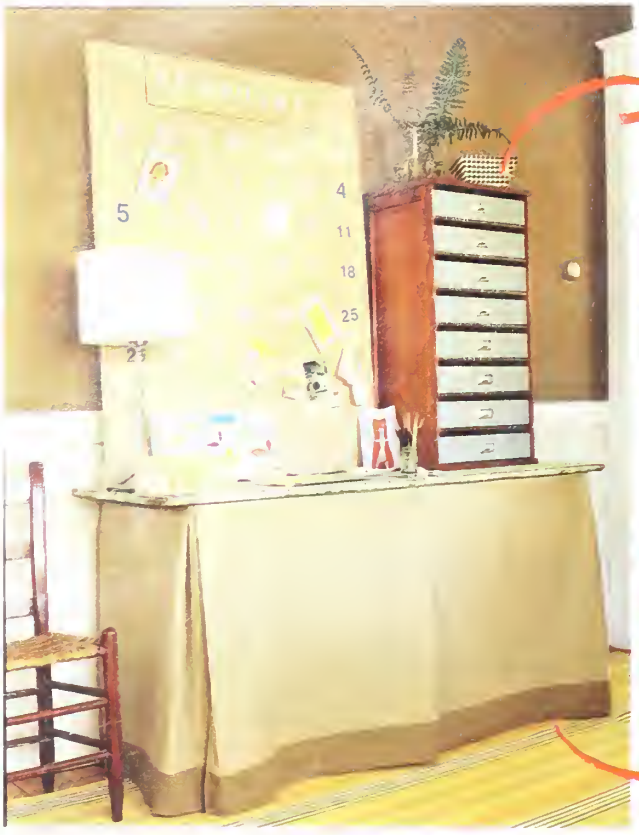


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Others simply install them.



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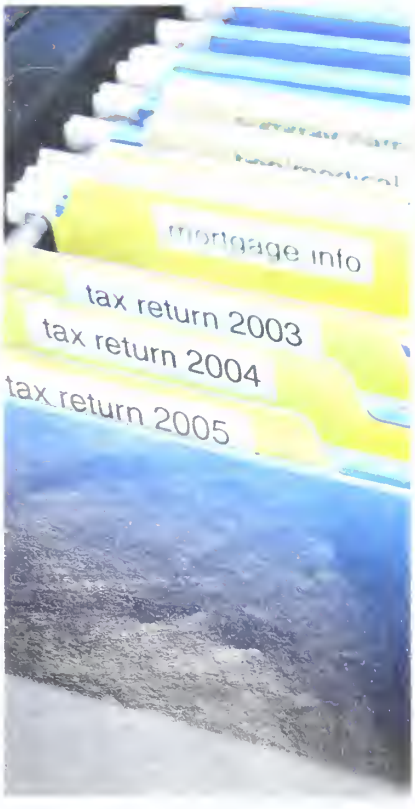






Hide and Seek

The Gruens' sofa table is turned into a great home office asset, now that it has been skirted with Waverly fabric. It offers storage on top (where we fitted an Exposures tower with book cloth–covered boxes that house Beth's art supplies) and underneath (where we hid bulkier storage boxes). A family calendar, created using felt numbers and Pottery Barn's linen bulletin board, keeps track of appointments.



What to Keep, What to Toss

How long should you hang on to your tax returns and other such documents and paperwork that tend to crowd even the most streamlined home office? We asked Debbie Stanley, author of *Organize Your Personal Finances in No Time*, for guidance.

DOCUMENT	KEEP FOR	WHY
Tax returns and receipts	Seven years from filing date	The IRS has three years from filing date to audit your return, and six years if they suspect significant underreporting of income.
Pay stubs	One year	Once you receive your annual W-2 form from your employer and check that they match up, you can shred or toss the stubs.
Home and auto titles, home repair receipts	As long as you own the items	Titles are essential to transfer when you sell; similarly, receipts are necessary when you sell your house to calculate capital gains.
Bank statements, canceled checks	Six years	Keep checks related to your taxes, business expenses or mortgage payments, and all bank statements, in case of audit.
Sales receipts and warranties	Varies	For insurance purposes, save receipts for expensive items; keep warranties until they expire.

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12 Pancakes
Whole wheat and fiber have never been so warm and fluffy.



How Kirstie Alley Is Losing It

Love Hewitt and Her Ghosts

Reclaiming the Land

Kid Thing

Kirstie Alley's irrepressible spunk is what helped her turn her weight gain into a winning career move—and also helped her shed 60-something pounds. Next up: plans for a spiritual radio talk show with a sense of humor

By LORRAINE ALI

A CHATTERING CHINCHILLA. An eight-foot-tall castle dollhouse. A bright-red lobster lamp. No, this is not *Dr. Dolittle 3*. This is real life inside Kirstie Alley's Italianate mansion in the Hollywood Hills. The mansion may ooze Old World charm, but just under the ornate frescoes and cathedral ceilings are healthy dollops of whimsy—everything from dancing cat sculptures to hallways with decreasingly miniature doors that one has to eventually crouch down to pass through. In this mix of the classic and absurd live Alley, 55, her son, William True, 13, and her daughter, Lillie Price, 11.

Alley walks out of her green-tiled kitchen in a V-neck argyle sweater of pinks and browns paired with dark-pink velour sweats and a pair of jewel-encrusted flip-flops. On her face there's only a swipe of sheer red lip gloss. Her skin is creamy and she's about 60 pounds lighter than she was on *Fat Actress*. Her new, still boldly curvy body is a clear sign that she's taking her role as Jenny Craig spokesgal seriously. Now, years after playing Rebecca Howe on *Cheers*, making at least a dozen films, writing *How to Lose Your Ass and Regain Your Life* and reinventing her career in 2005 by capitalizing on gaining more than 80 pounds, the 5-foot-8 Alley is looking for fresh challenges. On the docket? Acting in a new TV series, producing a radio show and children's films, starring in an exercise video based on her own four-day-a-week workouts, and oh, yeah, just maybe meeting a man worthy of another trip down the aisle.

CONTINUED



LADIES' HOME JOURNAL: Exactly how many animals do you have in this house?

KRISTIE ALLEY: I have six dogs, four cats, chinchillas . . . I can't say exactly how many animals I have because the authorities might come after me. I will say I have koi [ED. NOTE: Japanese fish] and rabbits, though.

LHJ: It looks as though you also have some raccoons. The trash from your bins is strewn across the driveway.

KA: No, that was probably the paparazzi going through my trash.

LHJ: The tabloids have been after you for years, haven't they?

KA: I was 220 pounds and being pummeled by the media. I'd show up at a premiere and then see the most hideous photographs of me in a magazine. I was under assault. But I had to take responsibility for being a celebrity—that whether you like it or not, when you walk out the door, you're a target.

LHJ: So you eventually solicited Jenny Craig in hopes of becoming their spokeswoman. That was bold, because if you failed, you'd be the butt of every *Saturday Night Live* joke.

KA: Yeah, but I love that game. When I play ball, I play hardball. The reason I went for Jenny Craig is I thought, *Maybe I'm not the only one who has stupid reasons for getting fat.* I don't believe you have to have eating disorders and mental illness to screw up. You can just make some really bad decisions. And I personally believe that behind both the person who weighs 400 pounds and the one who weighs 85 there is a lot of baggage, and it has nothing to do with their bodies.

LHJ: Okay. So now you've lost . . .

KA: Sixty something. I want to weigh about 138.

LHJ: How drastically have your eating habits changed?

KA: Before, for breakfast I'd have two eggs, two or three pieces of toast and then maybe three caramel apples. Later, instead of a plate of pasta, I would have, like, three plates of pasta, seven dinner rolls, five tablespoons of butter. If I were going to have chips, I would have 120 instead of 20. If something tasted good I wanted more—a *lot* more.

LHJ: So is it just madness right now for you as a mom? You're dieting, which means everything is irritating, and you have your kids two-thirds of the time, which means you are living with a tween *and* a teen.

KA: My son is stone-cold funny. He plays the guitar, and has a great voice, but he's too embarrassed to sing right now. My daughter is very sophisticated—go figure. She's really fashion conscious and a great designer. They're unique personalities. No matter what parents do, kids retain their uniqueness. It's fascinating.

LHJ: Are you able to find the time to do normal everyday chores with your kids—like driving them to school, homework, things like that?

KA: I probably spend more time with my kids than the average stay-at-home mother. When I taped *Fat Actress*, we worked while they were at school. In fact, my contract stated that work had to be during those hours. Fortunately, I've been able to call the shots on that.

LHJ: So you're used to seeing yourself as the breadwinner?

KA: I've always aspired for things like mopeds and vacations and pastries and anything frivolous. That's what I wanted to give my children. I didn't fe much pressure otherwise, so I thi that's how I've made a good incom Plus, I always feel like there is so dude out there with money that I cou fall back on if I needed to [*laughs*].

LHJ: So do you always think of a man with money as your plan B?

KA: I say there's always someboc older, richer, more desperate than yo

LHJ: Are you actively looking for a serious relationship now?

> "I SORT OF FEEL SORRY FOR THE NEXT MAN WHO GETS ME. I MAY JUST KILL HIM WITH PASSION"

KA: Now I have risen up to lookin I'm sticking with my new questio naire: What do you donate to? Wh are you passionate about? What re gion are you, really? What do you o for that religion? You can tell a l about a person by how much he hel other people. It's like reeling in fis maybe you have to throw a lot ba before you get that special trout.

LHJ: So your view has changed.

KA: For some reason I am one o those people who act like they we born and raised during the Depre sion. My theory of property is th if all hell breaks loose in the worl you and your 100 closest friend need to be able to go away an form a commune with a water supp electricity and your own food. And view men the same way: You ne the backup man in case you deci you can't take it anymore. I think t ideal marriage is to a multi-mul multi-millionaire who is dying to ta care of me if I need it.

The thing is to look for someo who has a complete life CONTINU

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without you in it. And you look at how they live, their income, their children, everything like that. If you have a person you don't need for anything, that's ideal. Then you're just together because you really want to be. Every now and then, my ex husband and I still have the occasional hideous fight, which I hate. I'm not down with that—it's not going to happen anymore.

LHJ: So having a man is no longer a requirement, then.

KA: I know two things: that I am really happy by myself, and that if you have two really happy people, that combined relationship could be something extraordinary.

LHJ: You've been married before [ED. NOTE: to Parker Stevenson]. With what you know, would you remarry?

KA: I love marriage. I mean, I failed at marriage, but I also believe that it's a great institution. The idea of "let's just be together" for me is, well, sort of a cowardly view of life. I'd rather go into anything—a job, a business, a marriage—with gusto and fail than go into it half-assed. I'm the kind of person who couldn't care less about sex unless I meet someone who I think is wonderful. I sort of feel sorry for the next man who gets me. I may just kill him with passion. He'd better be strong and have a good heart!

LHJ: You've had to battle your compulsive behavior all your life. Overeating aside, you smoked for more than 20 years and had a problem with cocaine when you were in your 20s.

KA: It was the first time in my life I had experienced the compulsion to do something bad. It's like *I know my heart races and every time I do it I think I'm going to die, but I'm going to do it again.* A friend came to visit and she had someone with her who was a Scientologist. I asked questions like, "Do they help you with compulsions?" She said, "Totally. You can bang out a compulsion." And I was like, *I've got to see this.* So I literally moved from Kansas to Los Angeles to do Scientology. It's been 26 years and I haven't had a desire to do any drug since.

LHJ: This was a real turning point.

KA: You know, through history, both philosophers and everyday people look for something spiritual. The greatest scientists in the world were men of religion and faith, too. So when push comes to shove and you've gotten yourself in a pickle, it ain't the science that's going to lift you up—it's the belief, the spiritual side of life, that's going to lift you up, no matter what religion you are.

LHJ: Why didn't you apply these same principles to your weight?

KA: It was different in that I developed a nutty attitude where I'd think, *If some guy really loves me he doesn't care if I'm fat.* Or, *To be a good mother you've got to cook and eat the food you give your kids.* I'd come up with all these stupid justifications and reasons CONTINUED

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why it would be okay to be fat.

LHJ: And you realized that you had to change your point of view?

KA: I am the one who got myself fat, who did all the eating. I never had a person tell me, "Why don't you shove food in your face?" So I had to take full responsibility for it.

LHJ: Did you ever consider liposuction or getting your stomach stapled?

KA: I figure God gave us intestines for a reason. Plus, when I see people lose weight that way, their body turns into a stick and their heads are giant. I call them lollipop heads. And I'm not keen on surgery. It's too extreme. On the lipo deal, for me, all it took was one of those reality plastic surgery shows to see how violent it is. When you're the spokeswoman for a weight-loss program, you are under strict rules and regulations. Everything is witnessed. I weigh in once a week with a witness hired by them. I have to sign an affidavit saying I cannot have any surgeries.

LHJ: Since you have lost all this weight, is there a particular part of your body you've rediscovered, like "*Wow, who knew that was there?*"

KA: Well, I always had really long swimmer's arms. When I was looking in the mirror I was like, *Damn, I see the cut again.* The last to totally go is always my thighs and butt, but it's actually inspiring because my old body is there somewhere.

LHJ: Don't you imagine the warped body image you'd have if you were just starting your career? The demand on actresses is to be paper-thin now.

KA: When I see someone who is starved, they don't look alert. They don't have boundless energy. I like to look at a person who looks strong and alert and vibrant with bright sparkling eyes and beautiful skin and enough meat on their bones that they could survive for a while if they had to. If you're too skinny, it looks like you're near death. That's not pretty to me.

LHJ: Your daughter is 11. Are you concerned about how your battles with weight will affect her body image?

KA: No, because I think she's seen me lose it in a very sane way and she knows that there's a lot more to life than how fat or thin you are. She knows I drink a lot of water with lime in it. She knows I'm eating good food, and she knows I'm taking vitamins. I made her very aware that what I was doing before was not healthy.

LHJ: How do you help your kids to maintain a healthy lifestyle?

KA: Well, we eat mostly organic food and I don't let them sit at the computer all day. They're allowed to do some homework on the computer, but even that's minimal. They're allowed to watch an hour of TV every day—that's it.

LHJ: Speaking of caretaking, I understand you and some friends helped rescue animals in New Orleans?

KA: Yes, we worked with the ASPCA in Baton Rouge. That's where all the animals were brought from New Orleans. They were getting excellent care, by the way. I rescued a cat and a dog. He's a little puppy, and I named him Fawney—he's a little fawn.

LHJ: Any other new projects?

KA: I'm in the process of creating a new TV series and I'd also like to create really quality films for kids. I grew up with movies that were smart and weren't condescending—*The Yearling*, *Old Yeller*. But now you couldn't have *Old Yeller* because he gets shot in the end. That's life and you're not going to live your life unscathed. I'm also toying with the idea of doing a radio show just because we've got a plethora of shock jocks and shrink talk, but there's got to be a space in there for something more nurturing—like Frank Capra or Burns and Allen. I want a show that can somehow be fun and funny and not preachy. A show that will create better lives for people. I'd like a little more of that and less porn, shock jock, grotesque [content]. The world is becoming more and more degraded, and I want to take a strong, sharp turn. So much of what's going on turns people into victims. You're a victim of this disease or that disorder. I want to see something different.

> "WHEN YOU'VE GOTTEN YOURSELF IN A PICKLE, IT'S THE SPIRITUAL SIDE OF LIFE THAT'S GOING TO LIFT YOU UP"

LHJ: One last diet question: Ever worry about falling off the wagon?

KA: I just have to plan my meals. I talk to my Jenny Craig consultant regularly. Then this friend of mine, Whitney, makes the best cookies in the world. So I'll have those. [*Pauses.*] Do you like gingersnaps?

LHJ: Yes, of course.

KA: [*She picks up the phone and has one of her assistants bring in a dainty bag of eight cookies.*] See, I can have two cookies. Maybe somebody else can eat 10, but I won't. I will have two.

LHJ: What does the tag say?

KA: "Whitney: Fattening up Hollywood one cookie at a time."

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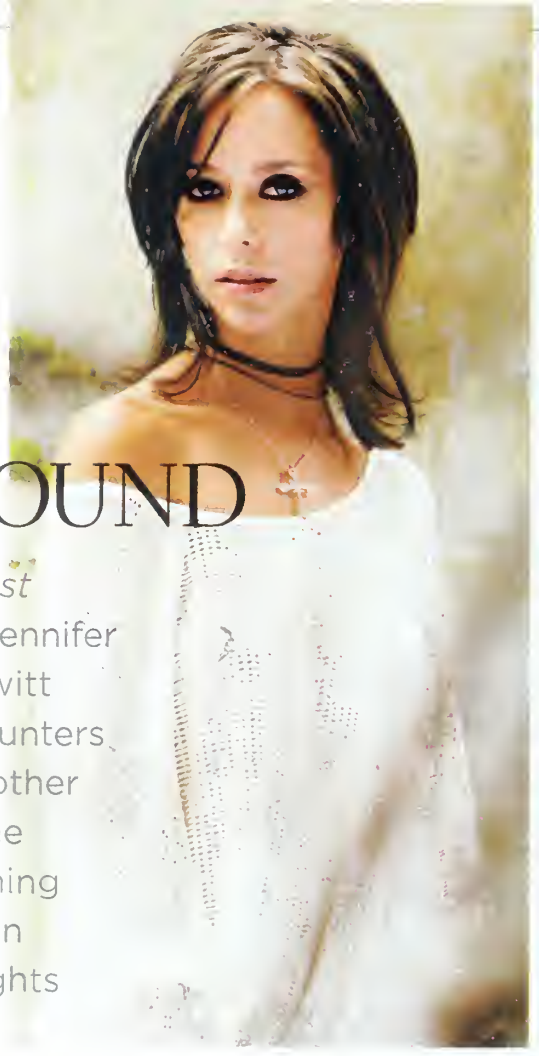
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On *Ghost Whisperer*, Jennifer Love Hewitt makes encounters with "the other side" the coolest thing to do on Friday nights

As an actress, Jennifer Love Hewitt is no stranger to either the frightening (remember her in *I Know What You Did Last Summer?*) or series television (people still adore her for her tear jerking role as Sarah Reeves in *Party of Five*), so it makes almost-sublime sense for Hewitt to take on the title character in CBS's new Friday night hit *Ghost Whisperer*. In the show, the 26-year old plays Melinda Gordon, a sweet newlywed who is barraged on a weekly basis by visits from earthbound spirits who need help resolving unfinished business with the living before they can cross over to the afterlife. Though she sometimes feels that her gifts are a burden, Melinda always helps people find the emotional closure they need.

LHJ: What about *Ghost Whisperer* made you want to star in it?

Hewitt: When I read the script I had to stop crying long enough to finish. It was different from everything I'd seen on TV. I tried to imagine how I would feel if I turned on the TV in six months and saw another girl playing that part. I realized I'd be sad and distraught!

LHJ. And has it affected your own feeling about the paranormal?

Hewitt: My mind's definitely open to that stuff—it's fascinating. I believe there are people who can see beyond what we see, that we don't just pass away and that's it.

LHJ: Do you think you're attracted to scary material?

Hewitt: Actually, I get scared very easily—I'm not sure why I've done scary movies! I guess there's an element of it that's intriguing. My agent gave me a Ouija board as a congratulations gift when I started. I had played around with one when I was little—but Ouija boards freak me out.

LHJ: Has the show's subject matter changed you at all?

Hewitt: It has certainly brought me a new awareness of how important it is to live life to the fullest. Melinda enjoys the life she has. That's definitely not me. I'm a worrywart. So hopefully that's slowly rubbing off on me.

LHJ: Do you consider yourself a spiritual person?

Hewitt: I'm more spiritual than religious. You have to open your mind. It's like politics, in a weird way—if you don't have the right person teaching you, it's a hard thing to grasp and get into.

LHJ: Do people approach you on the street, as if you really were Melinda?

Hewitt: People come up to me all the time, asking me to talk to their relatives who've passed away! There are days when I feel like, *this is kind of intense.* Now I'm more used to it. The show is emotional and beautiful, but it's a TV show! *Ghost Whisperer* is less about death and more about how you live your life while you have it. We're trying to say, "Don't have unfinished business—don't meet Melinda Gordon one day!"

By Merle Ginsberg

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by JANE BOURSAW

HER GOOD EARTH

Native American activist Winona LaDuke is on a mission to restore Indian land and culture to Minnesota



LaDuke at the White Earth reservation

Ask most people about Winona LaDuke and you'll get either a blank stare or a dim recollection that she was Ralph Nader's running mate in the 2000 Presidential election. But to the members of Minnesota's Anishinaabeg band, LaDuke is a tireless champion of their rights and a lifeline to their past.

That's because, for the past 17 years, LaDuke, 46, has been a leader in a movement to have land that was reserved for the band by the U.S. government in an 1867 treaty (subsequently lost by a complex set of transactions) returned to them. She calls her endeavor, which she launched in 1989 with a $20,000 human rights award, the White Earth Land Recovery Project. (The name White Earth refers to the band's full name, White Earth Anishinaabeg, who are one of seven smaller bands that make up the 50,000-strong Anishinaabeg population in Minnesota. Some 6,750, or 27 percent, of the total White Earth Anishinaabeg population now live on the reservation, with the rest in nearby cities.)

LaDuke and a staff of 10 work on "the Rez," some 1,300 square miles in northern Minnesota, raising funds for land reclamation as well as community-based agriculture and cultural programs. The group's efforts are part of a larger nationwide movement to both reclaim land and ensure Native American economic independence, largely through the placing of casinos on Indian reservations.

So far, LaDuke and her team have bought back 1,700 of the 837,000 acres that originally belonged to the tribe. They raise about $900,000 a year from grants and charitable donations and an additional $300,000 from selling food products, such as hominy and jam, that are grown on the land and processed at an on-site facility called Native Harvest. "This is my community," explains LaDuke. "We may not be the smartest, we may not be the richest, but we're the people who live here. We're the ones who are going to make it better."

As a child, LaDuke visited her paternal grandmother on the White Earth reservation, where she observed Anishinaabeg customs and traditions. After graduating from Harvard University, in 1981, she took a job as the principal of the reservation's Circle of Life School. A master's degree from Ohio's Antioch University in rural economic development followed. Internships with the Navajo and Lakota nations taught her how to forge partnerships between natives and nonnatives and navigate tribal politics.

Today, LaDuke, a single mom, juggles her activism with raising five kids and maintaining a grueling travel schedule. She tours regularly with the Indigo Girls in support of Honor the Earth, an organization dedicated to spreading the word about environmental awareness both in Indian country and elsewhere. LaDuke is also a prolific writer, whose most recent book is *Recovering the Sacred*, published last August. What's more, she's toying with the idea of running for governor of Minnesota.

But one of her main goals is reclaiming the land that she believes was wrongly taken from her people. "I'm doing this for the generations to come," she says, "because they deserve to enjoy the land as their ancestors once did."

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portant information: WELLBUTRIN XL is not for everyone. There is a risk of seizure when taking LLBUTRIN XL, so don't use if you've had a seizure or eating disorder or if you abruptly stop using alcohol or atives. Don't take with MAOIs, or medicines that contain bupropion. When used with a nicotine patch or alone, there risk of increased blood pressure, sometimes severe. To reduce risk of serious side effects, tell your doctor if you e liver or kidney problems. Other side effects may include weight loss, dry mouth, nausea, difficulty sleeping, ziness, or sore throat. WELLBUTRIN XL is approved only for ages 18 years and over. In some children and teens, idepressants increase suicidal thoughts or actions. While you or your child are taking antidepressants, you or your ily should call the doctor right away if you have worsening depression, thoughts of suicide, or sudden or severe nges in mood or behavior, especially at the beginning of treatment or after a change in dose (see Patient Information: *at is important information I should know about taking antidepressants?*).

sults may vary.

See Patient Information on following page.

WELLBUTRIN XL® (WELL byu trin XL)
(bupropion hydrochloride extended-release tablets)

Medication Guide

About Using Antidepressants in Children and Teenagers.

What is the most important information I should know if my child is being prescribed an antidepressant?
Parents or guardians need to think about 4 important things when their child is prescribed an antidepressant:
1. There is a risk of suicidal thoughts or actions.
2. How to try to prevent suicidal thoughts or actions in your child.
3. You should watch for certain signs if your child is taking an antidepressant.
4. There are benefits and risks when using antidepressants.

1. There is a Risk of Suicidal Thoughts or Actions
Children and teenagers sometimes think about suicide, and many report trying to kill themselves. Antidepressants increase suicidal thoughts and actions in some children and teenagers. But suicidal thoughts and actions can also be caused by depression, a serious medical illness that is commonly treated with antidepressants. Thinking about killing yourself or trying to kill yourself is called suicidality or being suicidal. A large study combined the results of 24 different studies of children and teenagers with depression or other illnesses. In these studies, patients took either a placebo (a sugar pill with no antidepressant in it) for 1 to 4 months. **No one committed suicide in these studies**, but some patients became suicidal. For every 100 that took sugar pills, 2 out of every 100 became suicidal. On the antidepressants, 4 out of every 100 became suicidal.

For some children and teenagers, the risks of suicidal actions may be especially high. These include patients with:
- Bipolar illness (sometimes called manic-depressive illness)
- A family history of bipolar illness
- A personal or family history of attempted suicide

If any of these are present, make sure you tell your healthcare provider before your child takes an antidepressant.

2. How to Try to Prevent Suicidal Thoughts and Actions
To try to prevent suicidal thoughts and actions in your child, pay close attention to changes in her or his moods or actions, especially if these changes occur suddenly. Other important people in your child's life can help by paying attention as well (your child, brothers and sisters, teachers, and other important people). The changes to look out for are listed in Section 3, on what to watch for. Whenever an antidepressant is started or its dose is changed, pay close attention to your child. After starting an antidepressant, your child should generally see his or her healthcare provider:
- Once a week for the first 4 weeks
- Every 2 weeks for the next 4 weeks
- After taking the antidepressant for 12 weeks
- After 12 weeks, follow your healthcare provider's advice about how often to come back
- More often if problems or questions arise (see Section 3)

You should call your child's healthcare provider between visits if needed.

3. You Should Watch for Certain Signs If Your Child is Taking an Antidepressant
Contact your child's healthcare provider ***right away*** if your child exhibits any of the following signs for the first time, or if they seem worse or worry you: your child or your child's teacher:
- Thoughts about suicide or dying
- Attempts to commit suicide
- New or worse depression
- New or worse anxiety
- Feeling very agitated or restless
- Panic attacks
- Difficulty sleeping (insomnia)
- New or worse irritability
- Acting aggressive, being angry or violent
- Acting on dangerous impulses
- An extreme increase in activity and talking
- Other unusual changes in behavior or mood

Never let your child stop taking an antidepressant without first talking to his or her healthcare provider. Stopping an antidepressant suddenly can cause other symptoms.

4. There are Benefits and Risks When Using Antidepressants
Antidepressants are used to treat depression and other illnesses. Depression and other illnesses can lead to suicide. In some children and teenagers, treatment with an antidepressant increases suicidal thinking or actions. It is important to discuss all the risks of treating depression and also the risks of not treating it. You and your child should discuss treatment choices with your healthcare provider, not just the use of antidepressants.

Other side effects associated with antidepressants (see section below). Of all the antidepressants, only fluoxetine (Prozac®) is approved by the U.S. FDA for pediatric depression. For obsessive compulsive disorder in children and teenagers, FDA has approved only fluoxetine (Prozac®), sertraline (Zoloft®), fluvoxamine, and clomipramine (Anafranil®). Your healthcare provider may suggest other antidepressants based on the past experience of your family or child.

Is this all I need to know if my child is being prescribed an antidepressant?
This is a summary of the most important information. Other side effects can occur with antidepressants. Be sure to ask your healthcare provider to explain all the side effects of the particular drug he or she is prescribing. Also ask about drugs to avoid when taking an antidepressant. Ask your healthcare provider or pharmacist where to find more information.

This Medication Guide has been approved by the U.S. Food and Drug Administration for all antidepressants.

Patient Information

Read the Patient Information that comes with WELLBUTRIN XL before you start taking WELLBUTRIN XL and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor about your medical condition or your treatment.

What is the most important information I should know about WELLBUTRIN XL?
There is a chance of having a seizure (convulsion) with WELLBUTRIN XL, especially in people with certain medical problems. The chance of having seizures increases with higher doses of WELLBUTRIN XL. For more information, read the section "Who should not take WELLBUTRIN XL?" and "What should I tell my doctor before using WELLBUTRIN XL." Your decision about all of your medical conditions and all the medicines you take. **Do not take any other medicines while you are using WELLBUTRIN XL unless your doctor has said it is okay to take them.** If you have a seizure while taking **WELLBUTRIN XL, stop taking the tablets and call your doctor right away.** Your doctor will decide if you have a seizure.

What is important information I should know and share with my family about taking antidepressants?
Patients and their families should watch for the first signs of new thoughts of suicide. Also watch out for sudden or severe changes in feelings such as feeling anxious, agitated, panicky, irritable, hostile, aggressive, impulsive, severely restless, overly excited, hyperactive, unable to sleep, or other unusual changes in behavior. If this happens, especially at the beginning of antidepressant treatment or after a change in dose, call your doctor. A patient Medication Guide will be provided to you with your prescription of WELLBUTRIN XL entitled "About Using Antidepressants in Children and Teenagers." WELLBUTRIN XL is not approved for use in children and teenagers.

What is WELLBUTRIN XL?
WELLBUTRIN XL is a prescription medicine used to treat adults with a certain type of depression called major depressive disorder.

Who should not take WELLBUTRIN XL?
Do not take WELLBUTRIN XL if you have or had a seizure disorder or epilepsy, **are taking ZYBAN (used to help people stop smoking) or any other medicines that contain bupropion hydrochloride, such as WELLBUTRIN Tablets or WELLBUTRIN SR Sustained-Release Tablets.** Bupropion is the same active ingredient that is in WELLBUTRIN XL. Do not take WELLBUTRIN XL if you drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives (these make you sleepy) or benzodiazepines and you stop using them all of a sudden, have taken within the last 14 days medicine for depression called a monoamine oxidase inhibitor (MAOI), such as NARDIL® (phenelzine sulfate), PARNATE® (tranylcypromine sulfate), or MARPLAN® (isocarboxazid), have or had an eating disorder such as anorexia nervosa or bulimia, are allergic to any of the ingredient in WELLBUTRIN XL, bupropion, or to any of the inactive ingredients. See the end of this leaflet for a complete list of ingredients in WELLBUTRIN XL.

What should I tell my doctor before using WELLBUTRIN XL?
Tell your doctor about your medical conditions. Tell your doctor if you **are pregnant or plan to become pregnant.** It is not known if WELLBUTRIN XL can harm your unborn baby. If you can use WELLBUTRIN XL while you are pregnant, talk to your doctor about how you can be on the Bupropion Pregnancy Registry. Tell your doctor if you are **breastfeeding.** (WELLBUTRIN XL passes through your milk. It is not known if WELLBUTRIN XL can harm your baby.), **have liver problems,** especially cirrhosis of the liver, have kidney problems, have a seizure disorder, such as anorexia nervosa or bulimia, have had a head injury, have had a seizure (convulsion), have a tumor in your nervous system (brain or spine), have had a heart attack, heart problems, or high blood pressure, are a diabetic taking insulin or other medicines to control your blood sugar, drink a lot of alcohol, or use prescription medicines or street drugs.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. Many medicines increase your chances of having seizures or serious side effects if you take them while you are using WELLBUTRIN XL. WELLBUTRIN XL has not been studied in children under the age of 18 years.

How should I take WELLBUTRIN XL?
Take WELLBUTRIN XL exactly as prescribed by your doctor. **Do not chew, cut, or crush WELLBUTRIN XL tablets.** You must swallow the tablets whole. **Tell your doctor if you cannot swallow medicine tabs.** Take WELLBUTRIN XL at the same time each day. Take your doses of WELLBUTRIN XL at least 24 hours apart. You may take WELLBUTRIN XL with or without food. If you miss a dose, do not take an extra tablet to make up for the dose you forgot. Wait and take your next tablet at the regular time. **This is very important.** Too much WELLBUTRIN XL can increase your chance of having a seizure. If you take too much WELLBUTRIN XL, or overdose, call your doctor, emergency room or poison control center right away. The WELLBUTRIN XL tablet is covered by a shell that slowly releases the medicine inside your body. You may notice something in your stool that looks like a tablet. This is normal. This is the empty shell passing from your body. **Do not take any other medicines while you take WELLBUTRIN XL unless your doctor has told you it is okay.** It may take several weeks for you to feel that WELLBUTRIN XL is working. Once you feel better, it is important to keep taking WELLBUTRIN XL as you were directed by your doctor. Call your doctor if you do not feel WELLBUTRIN XL is working for you. Do not change your dose or stop taking WELLBUTRIN XL without talking with your doctor first.

What should I avoid while taking WELLBUTRIN XL?
Do not drink a lot of alcohol while taking WELLBUTRIN XL. If you usually drink a lot of alcohol, talk with your doctor before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your chance of having seizures. Do not drive a car or use heavy machinery until you know how WELLBUTRIN XL affects you. WELLBUTRIN XL can impair your ability to perform these tasks.

What are possible side effects of WELLBUTRIN XL?
Seizures. Some patients get seizures while taking WELLBUTRIN XL. **If you have a seizure while taking WELLBUTRIN XL, stop taking the tablets and call your doctor right away.** Do not take WELLBUTRIN XL again if you have a seizure. **Hypertension (high blood pressure).** Some patients get high blood pressure, sometimes severe, while taking WELLBUTRIN XL. The chance of high blood pressure may be increased if you use nicotine replacement therapy (for example, a nicotine patch) to help you stop smoking. **Severe allergic reactions. Stop WELLBUTRIN XL and call your doctor right away** if you get a rash, itching, hives, fever, swollen lymph glands, painful sores in the mouth or around the eyes, swelling of the lips or tongue, chest pain, or trouble breathing. These could be signs of a serious allergic reaction. **Unusual thoughts or behavior.** Some patients have unusual thoughts or behaviors while taking WELLBUTRIN XL, including delusions (belief in something that is not real), hallucinations (seeing or hearing things that are not there), paranoia (feeling that people are against you), or feeling confused. If this happens to you, call your doctor.

The most common side effects of WELLBUTRIN XL are weight loss, loss of appetite, dry mouth, constipation, sweating, ringing in the ears, shakiness, stomach pain, agitation, anxiety, dizziness, trouble sleeping, muscle pain, nausea, fast heartbeat, sore throat, and urinating more often. If you have nausea, take your medicine with food. If you have trouble sleeping, do not take your medicine too close to bedtime. Tell your doctor right away about any side effects that bother you. These are not all the side effects of WELLBUTRIN XL. For a complete list, ask your doctor or pharmacist.

How should I store WELLBUTRIN XL?
Store WELLBUTRIN XL at room temperature. Store out of direct sunlight. Keep WELLBUTRIN XL in a tightly closed bottle. WELLBUTRIN XL tablets may have an odor.

General information about WELLBUTRIN XL.
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use WELLBUTRIN XL for a condition for which it was not prescribed. Do not give WELLBUTRIN XL to other people, even if they have the same symptoms you have. It may harm them. Keep WELLBUTRIN XL out of the reach of children.

This leaflet summarizes important information about WELLBUTRIN XL. For more information, talk with your doctor. You can ask your doctor or pharmacist for information about WELLBUTRIN XL that is written for health professionals or you can visit www.wellbutrin-xl.com or call toll-free 888-825-5249.

What are the ingredients in WELLBUTRIN XL?
Active ingredient: bupropion hydrochloride
Inactive ingredients: ethylcellulose aqueous dispersion (NF), glyceryl behenate, methacrylic acid copolymer dispersion (NF), polyvinyl alcohol, polyethylene glycol, povidone, silicon dioxide, and triethyl citrate. The tablet is printed with edible black ink.

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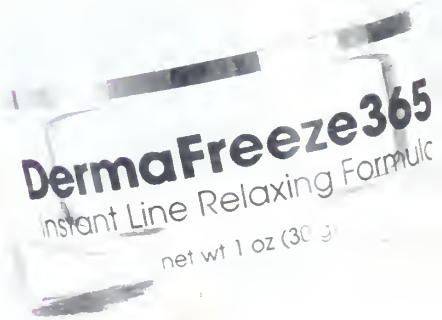
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Based on a true story. Actual family not shown.

THANKFULLY DR. GARNETT REALIZED THAT TESTICULAR CANCER DOESN'T JUST AFFECT MEN.

When a 25-year-old man was diagnosed with testicular cancer, he found himself attending his doctor's appointments and chemotherapy treatments with his mother and sister. They came armed with questions and concerns.

Dr. Garnett kept the family involved every step of the way. There was no question too trivial, no concern overlooked. From step-by-step updates during surgery to late-night Saturday evening phone calls. Dr. Garnett didn't just look after the needs of his patient, he treated the whole family.

Dr. Garnett probably wouldn't call himself a hero. But there's a very relieved family that would beg to differ.



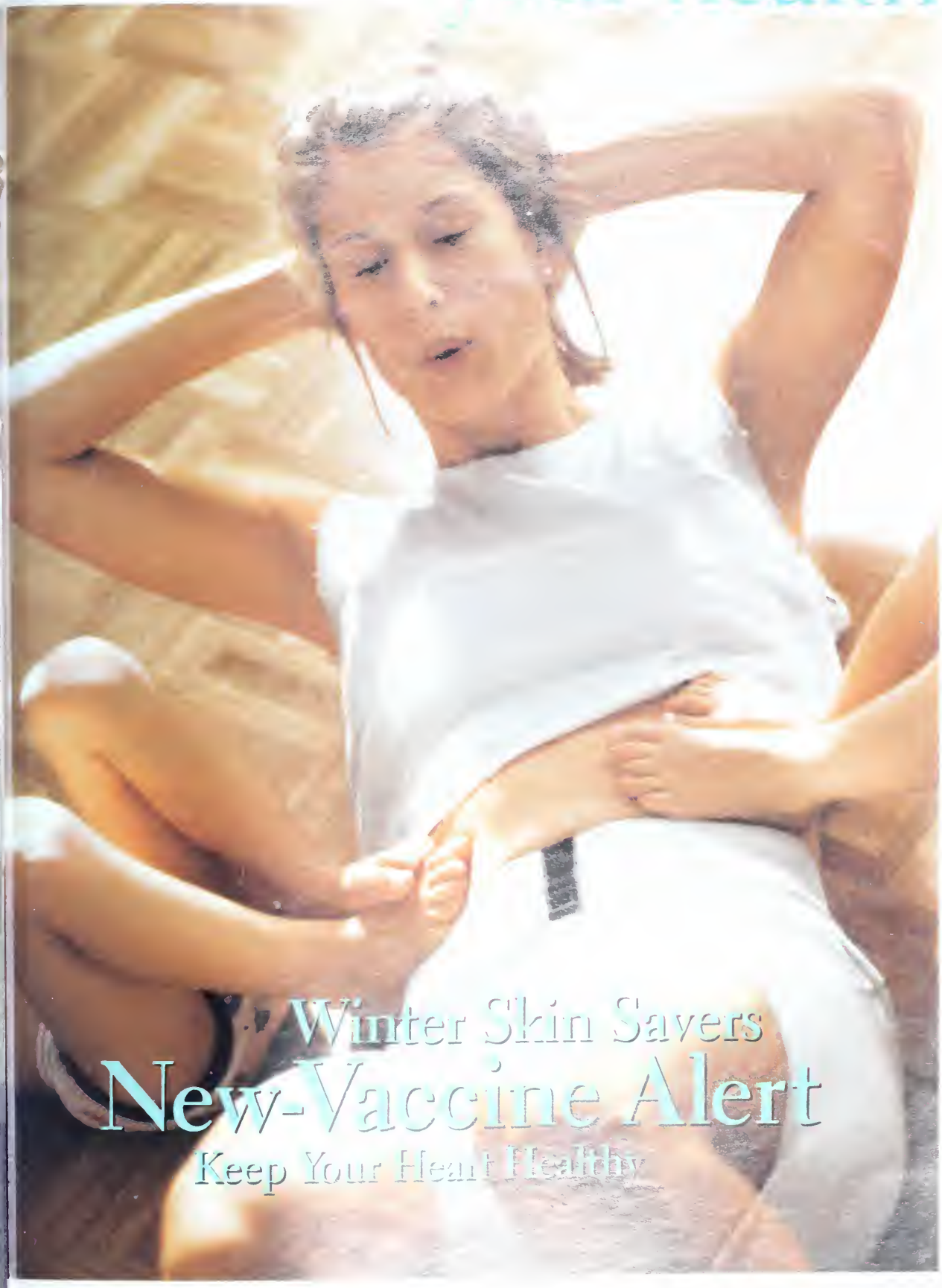
Dr. John E. Garnett,
Urologist
AMA member since '9

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Winter Skin Savers

New-Vaccine Alert

Keep Your Heart Healthy

FIRST AID FOR WINTER SKIN

American Red Cross health and safety expert Don Lauritzen offers these tips on how to treat some common skin problems that exposure to cold weather can cause:

THE PROBLEM	WHAT IT IS	WHAT TO DO
Frostbite	A loss of feeling in fingers, toes, ears or nose caused by prolonged exposure to below-freezing temperatures. Skin looks waxy, is cold to the touch and may turn white, gray or blue.	Soak affected area in warm water until normal color returns—but do not rub. (Use a warm compress on ears and nose.) Loosely cover skin with sterile cloth until full feeling returns. If you do not regain feeling within a few hours or blistering occurs, go to the emergency room.
Windburn	Irritation of the skin, usually on the hands or face, after prolonged exposure to a strong, cold wind.	To ease the burning, apply petroleum jelly or fragrance-free moisturizer containing aloe for several days. Avoid harsh soaps and lotions, which may increase irritation.
Chapped Skin or Lips	Cracking of the skin that can result in bleeding after exposure to dry, cold air.	Apply a rich body lotion or lip balm to chapped areas. If cracking does not heal within a few days, call your dermatologist.

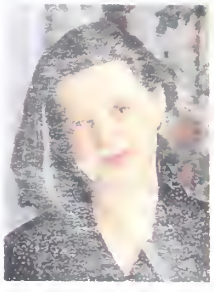
—Kimberly Pa

A Shot for Shingles?



A new vaccine against shingles, a painful infection of the nerves, is under FDA consideration and may be available as soon as this March. Studies have shown that the vaccine can slash the risk of getting the illness in half and help ease symptoms in people who already have it. Shingles (also called zoster) is most common after age 50, but anyone who has had chicken pox can get it. Shingles occurs when the chicken pox virus, which lies dormant in nerve cells, flares up after a person's immune system has been weakened. Until the vaccine is available, your best defense is early diagnosis. Starting a prescription antiviral medication within 72 hours of the onset of symptoms can minimize discomfort and speed recovery. Telltale signs are tingling, burning or itching on one side of the body. Days or weeks later, a bumpy rash appears, followed by itchy, painful, fluid-filled blisters. *—Catherine Winters*

Q: I use over-the-counter painkiller for occasional backaches. Sometimes it works wonderfully; other times it doesn't do much. Why could this be?



DR. MARIANNE LEGATO: How well these drugs work can depend on where you are in your menstrual cycle, since changing hormone levels affect the speed with which drugs enter and leave the bloodstream. Toward the end of your cycle, when estrogen and progesterone peak and then plummet, drug metabolism happens most quickly and you may find that you have to take more frequent doses of medication to ease your backache. Fluctuating hormones also affect your *experience* of pain. Estrogen, which is at its highest mid-cycle, makes your perception of pain less intense, while low levels in the days just before your period may make you more pain-sensitive.

Marianne Legato, M.D., is the medical adviser to *Ladies' Home Journal* and the founder and director of the Partnership for Gender-Specific Medicine at Columbia University.

LHJ.com **For strategies on how to stay in optimal health, visit www.lhj.com/healthguides**

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• Fast 7 second average test time
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*We recommend that you test on your fingers or palm (at the base of the thumb)
if you are testing for hypoglycemia (low blood glucose) or if you suffer from hypoglycemia unawareness.
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ing on the set of a national TV program is almost as difficult as monitoring your ose levels. Well, here's a chance to solve both problems at once. Just register at website and you'll be entered to win a trip to New York City, where you'll be part LifeTV, the show that features diabetes experts and valuable health and lifestyle mation.

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stakes is subject to the complete Official Rules. NO PURCHASE NECESSARY TO PARTICIPATE OR WINNING A PRIZE. Open to legal residents of the 50 U.S. and D.C. who are 18 years of age or older as of 1/1/06 and who are diabetic. Void where prohibited. Contest starts 1/1/06 at 12:01 a.m. ET and ends 3/31/06 at 11:59 p.m. ET. Limit one entry per person. Entries must be received by the deadline to be eligible. Odds of winning depend on number of eligible entries received. Sponsor reserves the right to substitute a prize of equal or greater value. Taxes on prizes are the responsibility of winners. Winners will be required to attend Photo Opportunity in New York City. Grand Prize (1): trip for two people to New York City, including airfare, hotel, and $1,500 spending money. ARV: $5,000. First Prize (200): "Walk Diabetes" T-shirt and Diabetes Cookbook. ARV: $15. Second Prize (200): "Walk Diabetes" T-shirt. Sponsor: Abbott Diabetes Care Inc., a division of Abbott Laboratories, 1360 South Loop Road, Suite 290, Alameda, CA 94502.

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A Promise for Life



HOW TO PREVENT A Heart Attack

Sixty-four percent of women who die from heart attacks hav no symptoms. Here, what you must know about new lifesavin tests that can detect problems before it's too late

Tremendous strides have been made in diagnosing and treating heart disease over the past decade. But here's the sobering part, if you're female: According to a landmark 2005 study, doctors continue to seriously underestimate women's heart-disease risks.

As a consequence, women still aren't referred as often as men for tests that would uncover problems—especially those without obvious symptoms—and so get fewer preventive treatments. Since 64 percent of women who die suddenly of heart disease had no symptoms, this underappreciation of the risks they face is more than just dangerous: It's lethal.

"It's surprising and sad," says Marianne J. Legato, M.D., director of the Partnership for Gende Specific Medicine at Columbia University, i New York City. "Men's death rates from hea disease are diminishing. Women's aren't."

Heart attacks are the number one killer f American women. Heart disease causes s times as many deaths as breast cancer an will kill some 230,000 U.S. women this ye

Part of the problem is that women tend develop heart disease a decade later tha men—usually in their 60s—and when they g get it, they're less likely than men to see the problems as severe, according to a new stud and thus they may delay getting care. Bu plaque formation can begin in your teen Starting heart-saving strategies early bette your chance of heading off troub "Younger women need to reali that they are CONTINUED ON PAGE 18

By Linda Marsa

WWW.LHJ



A

Make sure you're getting the rehabilitative care that will keep yo following this overall plan. Use our crib sheet, far right, to interpret you

VISIT YOUR PHYSICIAN TO ASSESS

Your internist or family practitioner will use you are on the spectrum of heart-disease ri on any one test, symptom or situation in yo variety of factors. A good score in one place

- **Family Medical History**
- **Personal Medical**
- **Symptoms, If Any**
- **Blood Pressure, Body**
- **Waist-to-Hip Ratio**
- **Basic Tests:** ***Lipids (Cho***
- ***Blood Glucose, Resting Electrocardiogram***

AND, IF NEEDED

- **C-Reactive Protein Test**

HIGH RISK

Your checkup shows that you have sympto conditions that require further testi You are referred to a cardiologist.

GO TO A CARDIOLOGIST

A cardiologist is a specialist in both the stru Through tests and examinations, this physic and recommends treatment. (If you need su surgeon.) The tests you get will depend on y

- **Resting echocardiogram/stress echocard** disease via ultrasound. A better bet for a electrocardiogram.
- **Calcium test:** Scans calcium
- **Homocysteine test:** A blood test linked to coronary blockage
- **Nuclear imaging stress test:** A tracer and special camera and during a resting state
- **MRI (magnetic resonance imaging):** generate images of the
- **Angiogram:** Invasive but
- **Cardiac 64-Slice CT scans** angiogram, but not suited Treatment will probably

Know Your Heart Scores

This handy guide will help you keep track of good and bad scores on a variety of tests you may be given.

Blood Pressure
Good score: Less than 120/80

Body Mass Index (BMI)
Good score: 24.9 or less
Moderate risk: 25 to 29.9
High risk: 30 or more

Waist Circumference
High risk: 35 inches or more

Waist-to-Hip Patio (*divide your waist measurement by your hip measurement*)
Higher risk: 0.8 or more

Total Cholesterol:
Good score: less than 200 mg/dL
Borderline: 200 to 239
High risk: 240 or more

LDL
Optimal: Less than 100 mg/dL
Good score: 100 to 129
Borderline high: 130 to 159
High risk: 160 to 189
Very high: 190 or more

LDL Particle Size (*ratio of large to small particles in your LDL*)
Low risk: Pattern A (more large particles)
High risk: Pattern B (more small particles)

HDL
Optimal: 60 or more
Good score: 50 or more
High risk: Less than 50 (women), less than 40 (men)

Triglycerides
Good score: Less than 150 mg/dL
Borderline: 150 to 199
High risk: 200 to 499
Very high: 500 or more

Blood Sugar
High risk (prediabetic): 120 to 125

C-reactive Protein
Good score: Less than 1 mg/dL
Average: 1 to 3
High risk: More than 3

Family Medical History
High risk: Father or brother got [illegible] before 55; mother



HOW TO PREVENT A Heart Attack

Sixty-four percent of women who die from heart attacks have no symptoms. Here, what you must know about new lifesaving tests that can detect problems before it's too late

By Linda Marsa

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"It's surprising and sad," says Marianne J. Legato, M.D., director of the Partnership for Gender-Specific Medicine at Columbia University, in New York City. "Men's death rates from heart disease are diminishing. Women's aren't."

Heart attacks are the number one killer of American women. Heart disease causes six times as many deaths as breast cancer and will kill some 230,000 U.S. women this year.

Part of the problem is that women tend to develop heart disease a decade later than men—usually in their 60s—and when they do get it, they're less likely than men to see their problems as severe, according to a new study, and thus they may delay getting care. But plaque formation can begin in your teens. Starting heart-saving strategies early betters your chance of heading off trouble. "Younger women need to realize that they are CONTINUED ON PAGE 158

VYTORIN treats the 2 sources of cholesterol.



FOOD



FAMILY

'ou probably know that cholesterol comes from food. But vhat you might not know is that your cholesterol has a lot o do with your family history. VYTORIN treats both sources f cholesterol.

healthy diet is important, but when it's not enough, adding 'YTORIN can help. VYTORIN helps block the absorption of holesterol that comes from food and reduces the cholesterol hat your body makes naturally.

n clinical trials, VYTORIN lowered bad cholesterol iore than Lipitor alone. VYTORIN is a tablet combination wo medicines: Zetia® (ezetimibe) and Zocor (simvastatin).

Important information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So tell your doctor about any other medications you are taking.

To learn more, call 1-877-VYTORIN or visit [illegible]. Please read the Patient Product Information on the adjacent page.

Continue to follow a healthy diet, and ask your doctor about adding VYTORIN.

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find out if you qualify [illegible]

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VYTORIN®

(ezetimibe/simvastatin)

Treat the 2 sources of [illegible]

VYTORIN (ezetimibe/simvastatin) tablets

Patient Information about VYTORIN (VI-tor-in)
Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant. Do not use VYTORIN if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.
- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and stomach pain (see What should I tell my doctor before and while taking VYTORIN).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (the drugs that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away), rash, hives, joint pain; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having any or any other medical problems while on VYTORIN. This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmellose sodium NF, hydroxypropyl methylcellulose USP, lactose monohydrate, magnesium stearate NF, microcrystalline cellulose NF, and propyl gallate NF.

Issued June 2005

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North Wales, PA 19454, USA

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Finally, a Shine That Lasts

Miracle Polish Solves Problems With Tarnishing Metals



Lately, I have noticed quite a few newspapers and magazines praising a polish formulated by a homemaker. The articles report that Donna Maas grew frustrated with rubbing and scrubbing her silver, brass and other metals only to see them quickly become dull and tarnished again. Determined to put an end to her constant battle with tarnish, Donna formulated a metal cleaner and went on transforming the industry.

Anita Gold, nationally syndicated columnist and expert on the restoration of antiques, called MAAS (named after its inventor) "The best and most amazing polish in the world." My friend wrote in her column, "A truly miraculous polish referred to as "miracle polish" that brings the most disastrous pieces into the most delightful is MAAS Fine Polishing Creme For All Metals, which cleans, restores, preserves and polishes to perfection any brass, copper, chrome, silver, stainless steel, aluminum and any other metal with amazing results. No matter how badly stained, spotted, discolored, tarnished, tarnished, weathered, dirty, dingy or dull they may be."

Since I had an old brass lamp in desperate need of restoration, this journalist decided to put MAAS to the test. The lamp had been stored in the garage and was in far worse condition than I remembered. I was excited as I watched the polish work its magic on years and years of tarnish. Never had anything so easy. The lamp actually looked better than when I purchased it. Months later it's still glowing!

The polish worked so effortlessly that I decided to refurbish my mother's antique brass and copper cookware. The badly stained pots and pans that developed black spots that had been impossible to remove. MAAS removed years of built-up residue even on the most discolored pieces. While polishing, I noticed MAAS was applying a shine on the stainless steel. WOW! The shine is unbelievable although I wash dishes every day, the shine keeps on shining. And it's not covered with ugly waterspots – water just

Good Housekeeping Institute



Boeing and McDonnell Douglas certified and approved the polish for use on jet aircraft. The U.S. Air Force, Army, Navy, Coast Guard and Department of Defense worldwide have ordered MAAS. If every branch of our military is using this polish to pass inspection, imagine what it will do for your home.

MAAS outperforms every cleaning product we've tried. Donna beams with satisfaction. So if you're as tired as I was of cleaning metal, just to see tarnish reappear a few days later, MAAS it.



At Last, A Polish That Keeps Metals Shining!

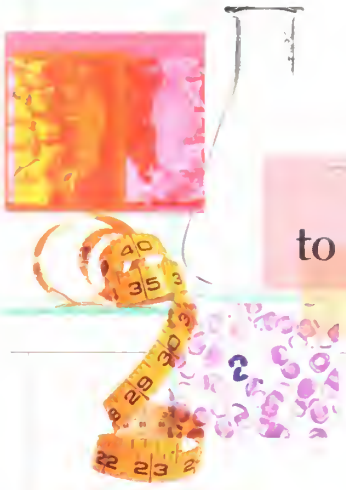
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vulnerable," says Sharonne N. Hayes, M.D., director of the Women's Heart Clinic at the Mayo Clinic, in Rochester, Minnesota.

Even if your genes make you a prime candidate, heart attacks are largely preventable. Unhealthy habits—eating high-fat foods, carrying excess weight, being sedentary, smoking—cause a staggering 82 percent of heart attacks in women, according to a landmark 2000 *New England Journal of Medicine* study.

A smart heart-health strategy begins with a complete checkup to evaluate your risk. If you're sent to a cardiologist, use our list of the latest tests to give yourself the best chance of finding and handling any trouble early.



6 Steps to the Best Heart-Health CHECKUP

YOUR FIRST STEP IN A PREVENTION program is figuring out if you're in good health or whether changes are in order. You can know this for sure by getting a thorough evaluation from your internist or family physician. The risk profile she arrives at will show whether you need to change your habits, use medication or be referred to a cardiologist. "The tests your doctor gives you, and the treatment plans she devises, will be based on your individual risk factors," says Lori Mosca, M.D., director of preventive cardiology at NewYork–Presbyterian Columbia University Hospital.

When you make your appointment, tell your doctor you want a thorough heart checkup so she'll leave enough time to inventory your habits, do tests, take a family history and review your current health. Schedule the visit early in the morning—blood tests are more accurate if you haven't eaten for 10 to 12 hours. Be sure your exam includes the following six elements:

1 A THOROUGH MEDICAL AND FAMILY HISTORY

Your doctor should take a detailed medical and family history: If your mother or sister developed heart disease before the age of 65 or your father or brother did before 55, that increases the odds that you will, too. Having had a hysterectomy or having gone through menopause before age 45 also are risk factors. Diabetes—whether you or a close relative has it—is another huge red flag. "A diabetic woman has the same heart-attack risk [2.5 times that of a healthy person] as someone who's already had a heart attack," says Nanette K. Wenger, M.D., chief of cardiology at Grady Memorial Hospital, in Atlanta. Ills such as the hormone disorder polycystic ovary syndrome and peripheral vascular disease (the narrowing of blood vessels) are also associated with heart disease.

Be honest about your lifestyle. "Don't be embarrassed to answer questions truthfully," says Nieca Goldberg, M.D., chief of Women's Cardiac Care at Lenox Hill Hospital, in New York City, and author of *Women Are Not Small Men: Life-Saving Strategies for Preventing and Healing Heart Disease in Women*.

- **Do you—or did you ever—smoke? Even one to four cigarettes a day make a woman almost five times as likely to die of heart disease. If you stopped 15 years ago, your risk is the same as a nonsmoker's. Just one year of being smoke-free halves your risk.**
- **How often do you exercise? Being sedentary is comparable to smoking or having high cholesterol as a risk factor because it contributes to the development of both high blood pressure and diabetes and allows arter clogging plaque to form in blood vessels.**
- **How healthy is your diet? Foods that are loaded with high-glycemic carbs and saturated fats up heart-disease risk.**
- **Are you constantly frazzled? This prompts the release of hormones that can cause inflammation, another heart-risk factor** **(see page 178)**

2 A FRANK DISCUSSION ABOUT SYMPTOMS

Tell your doctor if you're having any symptoms that make you feel less than healthy, even if you think they're not related to your heart. You don't have to feel as though an elephant is sitting on your chest to be having a heart attack.

Women's early warning signs of heart attack—they may appear without resulting in an attack—are often subtler than men's: unusual fatigue; back pain; shortness of breath; severe heartburn or stomach pain; sweating or flu-like ills, such as nausea, clamminess or cold sweats; pain or numbness in one or both arms, the shoulders or jaw; sleep CONTINUE

WWW.LH

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BECAUSE HIS DOCTOR RECOMMENDED BAYER LOW DOSE

Talk to your doctor about your risk and whether aspirin is appropriate for you. Most people who have a heart attack have no previous symptoms to warn them. Taken regularly, safety coated Bayer Low Dose can reduce the risk of a heart attack by 32%. Aspirin is not appropriate for everyone. Talk to your doctor before you begin an aspirin regimen.

disturbance or heart palpitations. Repeated bouts could be a warning sign that your arteries have dangerously narrowed or that you have a severe blockage. "Even shortness of breath when you're stressed-out or angry shouldn't be ignored," says Jennifer Mieres, M.D., assistant professor of medicine at New York University School of Medicine. These can be signs of an actual heart attack or angina (reduced blood flow to the heart). You may even have chest pain, the "male" symptom.

3 THE BASIC MEASUREMENTS: BLOOD PRESSURE, BMI, WAISTLINE

During a routine exam, your physician will take your blood pressure (anything higher than 120/80 is considered risky). She should also weigh and measure you to calculate your body mass index (BMI), a ratio of weight and height that shouldn't be higher than 24.9. Even being moderately overweight—with a BMI between 25 to 29.9—nearly doubles your risk of heart disease; a BMI greater than 30 triples your odds. Why? Carrying extra pounds ups the risk of both high blood pressure (although thin people can suffer from hypertension, too) and diabetes and elevates bad cholesterol (LDL), all of which are major contributors to heart disease. (To calculate your BMI yourself, go to *www.lhj.com/bmi*.)

Your doctor should also measure your waist and calculate your waist-to-hip ratio. A new study of 27,000 people in 52 countries found that the waist-to-hip ratio (your waist measurement divided by your hip measurement) is an even better predictor of heart attack than BMI. A higher risk ratio for women is 0.8 or higher.

A waistline of 35 inches or more is another red flag, regardless of BMI. Apple-shaped women—those who collect fat around their middles—are more prone to heart disease because they are likelier to be suffering from metabolic syndrome, which tripled the risk of death from heart disease according to a 2004 study. This condition occurs when cells are resistant to insulin, a hormone that helps the body convert sugar into energy (other risk factors for insulin resistance are triglycerides above 150 mg/dL, blood pressure at 130/85 or above and HDL cholesterol levels below 50 mg/dL).

4 THREE MUST-DO BASELINE TESTS

Because internists and family physicians tend to discount cardiac risks in younger women, you need to proactively ask for tests you want, says Dr. Mosca. Three must-haves:

- A fasting lipid profile test measures levels of three blood fats—the two types of cholesterol plus triglycerides. LDL (low-density lipoprotein), the so-called bad cholesterol that forms the plaque that sticks to blood-vessel walls, isn't the only fat that boosts risk. Triglycerides transport fatty acids into your blood after eating. If they're too high, they make red blood cel stick together, which ups the risk of a clo

The goal is for overall cholesterol to b 200 or lower, LDL to be below 130 and triglycerides to be below 150. On the positive side, you can offset the heart-health impact of high LDL if your level o HDL (high-density lipoprotein)—the protective cholesterol that ferries excess cholesterol out of the arteries and dumps in the liver—is 50 or more.

- A fasting blood glucose test. This show your risk of diabetes, a major contributor to heart disease. Symptoms are vague: fatigue, extreme thirst, frequent urination. Almost a third of the 18 million diabetics i the United States are undiagnosed.

A blood-sugar range of 100 to 125 mean you are prediabetic—you'll need a second, more elaborate and accurate blood test.

- A resting ECG (electrocardiogram). This painless test uses electrodes to detect problems in heartbeat and whether you had an attack. Though not recommended under the American Heart Association's routine screening guidelines, women over 40 should get one, says Dr. Mieres. It sets a baseline against which your doctor can diagnose symptoms later on.

5 CUTTING-EDGE TESTS

Here are two other tests your docto may order if you have risk factors. They're relatively new and not always covered by insurance.

- C reactive protein test **If you have a strong family history of heart disease or elevated cholesterol, you may want to ask your doctor for this simple blood test, which can help detail your level of risk, says Dr. Wenger.**

CRP is a protein secreted by the liver in response to inflammation, including in your blood vessels. We know now that inflammation plays a big role in heart disease, though we don't yet know the most effective medications and ways to treat it. The test can cost $10 CONTINUED ON PAGE 16

high blood pressure matters more than you know.

It's always with you, even on those days you seem to feel okay. And high blood pressure can make your heart work harder than it should. That's why it's such a big deal—just ask your doctor.

You need to exercise, eat healthy, and take your TOPROL-XL—not just most days, but every day.

As long as you keep taking it, TOPROL-XL works to help you manage your blood pressure—throughout the day. And yes, that means every day.

Important information you should know about TOPROL-XL (by prescription only)

TOPROL-XL is used to treat high blood pressure. It's good to know the medicine you're taking, so talk to your doctor about high blood pressure and TOPROL-XL.

TOPROL-XL is not right for everyone, especially people who have the following health conditions.

- Extreme slowing of the heart rate (severe bradycardia)
- Sudden and severe drop in the blood pressure and blood flow through the body because the heart is not pumping normally (cardiogenic shock)
- Uncontrolled heart failure
- Slowdown of the heart's electrical signal causing a slower heart rate (specifically, second- or third-degree heart block)
- Damage to the heart's natural pacemaker that affects the heart's rhythm (unless a pacemaker device is in the body) (sick sinus syndrome)
- Any allergies to TOPROL-XL or its ingredients

It is important to take your medications every day as directed by your doctor.

Patients should not stop taking TOPROL-XL suddenly because of the possibility of serious side effects, such as chest pain or a heart attack. If your doctor decides you should stop taking TOPROL-XL, your doctor or health care provider may instruct you to slowly reduce your dose over a period of time before stopping it completely.

In some patients, TOPROL-XL should be used with caution: Those with asthma or asthma-like lung disease; taking certain calcium channel blockers; have diabetes; overactive thyroid disease; hardening or constriction of the arteries in the arms or legs; or those planning to have surgery.

Until you know how you will react to TOPROL-XL, avoid activities that require alertness.

The most common side effects reported by patients in clinical trials were tiredness, dizziness, depression, diarrhea, itching or rash, shortness of breath, and slow heart rate. If you experience any of these or other side effects, contact your doctor.

Need answers? Contact AstraZeneca

Visit TOPROL-XL.com/ad or call 877-564-6442

- **Find more information on TOPROL-XL**
- **Join Heart Horizons, a free support program with helpful tips, special offers, and information for people who take TOPROL-XL**
- **Learn how we may be able to help if you do not have prescription coverage and cannot afford your medicines**

Please see adjacent page for a brief summary of full Prescribing Information.

TAKE IT. SERIOUSLY.

TOPROL-XL®
(metoprolol succinate)
extended-release tablets

AstraZeneca

Please read this summary carefully and then ask your doctor about TOPROL-XL. Do not stop treatment without first talking with your doctor. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

ONCE-A-DAY

TOPROL-XL®

(metoprolol succinate) extended-release tablets 25 mg 50 mg 100 mg 200 mg

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

Hypertension: TOPROL XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents. **Angina Pectoris:** TOPROL XL is indicated in the long-term treatment of angina pectoris. **Heart Failure:** TOPROL-XL is indicated for the treatment of stable symptomatic [illegible] heart failure of ischemic, hypertensive, valvular or cardiomyopathic origin [illegible] tablets is a beta-1 selective ACE inhibitor, diuretics and in the majority of cases digitalis. In this population, TOPROL-XL decreased the rate of mortality plus morbidity [illegible] through a reduction in cardiovascular mortality and hospitalization [illegible]

CONTRAINDICATIONS

TOPROL XL is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless permanent pacemaker in place) (see WARNINGS) and in patients who are hypersensitive to this product.

WARNINGS

Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and in some cases myocardial infarction have occurred. When discontinuing chronically administered TOPROL XL in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1–2 weeks and the patient should be carefully observed. If angina marked worsens or acute coronary insufficiency develops, TOPROL XL administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized it may be prudent not to discontinue TOPROL XL therapy abruptly even in patients treated only for hypertension.

Bronchospastic Diseases: PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL, NOT RECEIVE BETA-BLOCKERS. Because of its relative beta1-selectivity, however, TOPROL XL may be used with caution in patients with bronchospastic disease who do not respond to or cannot tolerate other antihypertensive treatment. Since [illegible] is also a beta1-stimulating agent, should be administered [illegible] and the lowest possible dose of TOPROL XL should be used (see DOSAGE AND ADMINISTRATION). *Major Surgery:* The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial. The impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. TOPROL XL, like other beta-blockers, is a competitive inhibitor of beta-receptor agonists, and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol. However, such patients may also manifest protracted severe hypotension. Difficulty in restarting and maintaining the heartbeat has also been reported with beta-blockers. *Diabetes and Hypoglycemia:* TOPROL XL should be used with caution in diabetic patients if a beta-blocking agent is required. Beta-blockers may mask tachycardia occurring with hypoglycemia, but other manifestations, such as dizziness and sweating, may not be significantly affected. *Thyrotoxicosis:* Beta-adrenergic blockade may mask certain clinical signs (eg, tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-blockade, which might precipitate a thyroid storm. *Peripheral Vascular Disease:* Beta-blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals. *Calcium Channel Blockers:* Because of significant intropric and chronotropic effects of patients treated with beta-blockers and calcium channel blockers of the verapamil and diltiazem type, caution should be exercised in patients treated with these agents concomitantly.

PRECAUTIONS

General: TOPROL XL should be used with caution in patients with impaired hepatic function. In patients with pheochromocytoma, an alpha-blocking agent should be initiated prior to the use of any beta-blocking agent. Worsening of cardiac failure may occur during up-titration of TOPROL XL. If such symptoms occur, diuretics should be increased and the dose of TOPROL-XL should not be advanced until clinical stability is restored (see DOSAGE AND ADMINISTRATION). It may be necessary to lower the dose of TOPROL XL or temporarily discontinue it. Such episodes do not preclude subsequent successful titration of TOPROL-XL. **Information for Patients:** Patients should be advised to take TOPROL-XL regularly and continuously, as directed, preferably with or immediately following meals. If a dose should be missed, the patient should take only the next scheduled dose (without doubling it). Patients should not interrupt or discontinue TOPROL XL therapy without consulting the prescribing physician. Patients should be advised that operating automobiles and machinery or engaging in other tasks requiring alertness may be impaired if the patient's response to therapy with TOPROL XL has been determined. Patients should contact the physician if any difficulty in breathing occurs. Patients scheduled for surgery should inform the physician or dentist before any type of surgery that he or she is taking TOPROL-XL. Heart failure patients should be advised to consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath. **Laboratory Tests:** Clinical laboratory findings may include elevated levels of serum transaminase, alkaline phosphatase and lactate dehydrogenase. **Drug Interactions:** Catecholamine-depleting drugs (eg reserpine, monoamine oxidase inhibitors) may have an additive effect when given with beta-blocking agents. Hypertensive patients treated with TOPROL-XL plus a catecholamine depletor should therefore be observed closely for evidence of hypotension or marked bradycardia which may produce vertigo, syncope or postural hypotension. Drugs that inhibit CYP2D6 such as quinidine, fluoxetine, paroxetine and propafenone are likely to increase metoprolol concentrations in healthy subjects with CYP2D6 extensive metabolizer phenotype. Quinidine (200 mg) and immediate release metoprolol 200 mg tripled the AUC of S-metoprolol and doubled the metoprolol elimination half-life. In patients with cardiac insufficiency, administration of propafenone 150 mg t.i.d. to extensive metabolizers (n=7) resulted in two- to three-fold increases in the steady-state concentrations of metoprolol. These increases in plasma concentration may increase the cardiose activity of beta-blockers may exacerbate the rebound hypertension which can follow the withdrawal of clonidine. If the two drugs are coadministered, the beta blocker should be withdrawn several days before the gradual withdrawal of clonidine. If replacing clonidine by beta-blocker therapy, the introduction of beta-blockers should be delayed for several days after clonidine administration has stopped. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term studies in animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies in rats at three oral dosage levels of up to 800 mg/kg/day (41 times, on a mg/m^2 basis, the daily dose of 200 mg for a 60-kg patient), there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug related were an increased incidence of generally mild focal accumulation of foamy macrophages in pulmonary alveoli and a slight increase in biliary hyperplasia. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 750 mg/kg/day (18 times, on a mg/m^2 basis, the daily dose of 200 mg for a 60-kg patient), benign lung tumors (small adenomas) occurred more frequently in female mice receiving the highest dose than in untreated control animals. There was no increase in malignant or total (benign plus malignant) lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice and no statistically or biologically significant differences were observed between treated and control mice of either sex for any type of tumor. All genotoxicity tests performed on metoprolol tartrate (a dominant lethal study in mice, chromosome studies in somatic cells, a *Salmonella*/mammalian-microsome mutagenicity test, and a nucleus anomaly test in somatic interphase nuclei) and metoprolol succinate (a *Salmonella*/mammalian-microsome mutagenicity test) were negative. No evidence of impaired fertility due to metoprolol tartrate was observed in a study performed in rats at doses up to 22 times, on a mg/m^2 basis, the daily dose of 200 mg in a 60-kg patient. **Pregnancy Category C:** Metoprolol tartrate has been shown to increase post-implantation loss and decrease neonatal survival in rats at doses up to 22 times, on a mg/m^2 basis, the daily dose of 200 mg in a 60-kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** Metoprolol is excreted in breast milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when TOPROL-XL is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Clinical studies of TOPROL-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1,990 patients with heart failure randomized to TOPROL-XL in the MERIT-HF trial, 50% (990) were 65 years of age and older and 12% (238) were 75 years of age and older. There were no notable differences in efficacy or the rate of adverse events between older and younger patients. In general dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy. **Risk of Anaphylactic Reactions:** While taking beta-blockers, patients with a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

ADVERSE REACTIONS

Hypertension and Angina: Most adverse effects have been mild and transient. The following adverse reactions have been reported for immediate release metoprolol tartrate. *Central Nervous System:* Tiredness and dizziness have occurred in about 10 of 100 patients. Depression has been reported in about 5 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, somnolence, nightmares and insomnia have also been reported. *Cardiovascular:* Shortness of breath and bradycardia have occurred in approximately 3 of 100 patients. Cold extremities, arterial insufficiency, usually of the Raynaud type, palpitations, congestive heart failure, peripheral edema, syncope, chest pain and hypotension have been reported in about 1 of 100 patients (see CONTRAINDICATIONS, WARNINGS and PRECAUTIONS). *Respiratory:* Wheezing (bronchospasm) and dyspnea have been reported in about 1 of 100 patients (see WARNINGS). *Gastrointestinal:* Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, digestive tract disorders, and heartburn have been reported in about 1 of 100 patients. *Hypersensitive Reactions:* Pruritus or rash have occurred in about 5 of 100 patients. Worsening of psoriasis has also been reported. *Miscellaneous:* Peyronie's disease has been reported in fewer than 1 of 100,000 patients. Musculoskeletal pain, blurred vision, decreased libido and tinnitus have also been reported. There have been rare reports of reversible alopecia, agranulocytosis, and dry eyes. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. The oculomucocutaneous syndrome associated with the beta-blocker practolol has not been reported with metoprolol. **Potential Adverse Reactions:** In addition, there are a variety of adverse reactions not listed above, which have been reported with other beta-adrenergic blocking agents and should be considered potential adverse reactions to TOPROL-XL. *Central Nervous System:* Reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. *Cardiovascular:* Intensification of AV block (see CONTRAINDICATIONS). *Hematologic:* Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura. *Hypersensitive Reactions:* Fever combined with aching and sore throat, laryngospasm, and respiratory distress. **Heart Failure:** In the MERIT-HF study, serious adverse events and adverse events leading to discontinuation of study medication were systematically collected. In the MERIT-HF study comparing TOPROL-XL in daily doses up to 200 mg (mean dose 159 mg once-daily) (n=1990) to placebo (n=2001), 10.3% of TOPROL-XL patients discontinued for adverse events vs. 12.2% of placebo patients. The table below lists adverse events in the MERIT-HF study that occurred at an incidence of equal to or greater than 1% in the TOPROL-XL group and greater than placebo by more than 0.5%, regardless of the assessment of causality.

Adverse Events Occurring in the MERIT-HF Study at an Incidence ≥1% in the TOPROL-XL Group and Greater Than Placebo by More Than 0.5%

	TOPROL-XL N=1990 % of patients	Placebo N=2001 % of patients
Dizziness/vertigo	8	1.0
Bradycardia	1.5	0.4
Accident and/or injury	1.4	0.8

Other adverse events with an incidence of > 1% on TOPROL-XL and as common or more frequent than placebo (within 0.5%) included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disorder, ventricular tachycardia/arrhythmia aggravated, hypotension, diabetes mellitus, diabetes mellitus aggravated, abdominal pain and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported with TOPROL-XL in worldwide post-marketing use regardless of causality. *Cardiovascular:* Worsening of 2nd or 3rd degree heart block. *Gastrointestinal:* hepatitis, vomiting. *Hematologic:* non-thrombocytopenia. *Musculoskeletal:* arthralgia. *Nervous System Psychiatric:* anxiety, insomnia, nightmares, hallucinations, paresthesia. *Reproductive male:* impotence. *Skin:* increased sweating, photosensitivity, urticaria. *Special Sense Organs:* taste disturbances.

OVERDOSAGE

Acute Toxicity: There have been a few reports of overdosage with TOPROL-XL, but no specific overdosage information was obtained with this drug with the exception of animal toxicology data. However, since TOPROL-XL (metoprolol succinate) contains the same active moiety metoprolol, as conventional metoprolol tartrate (metoprolol tartrate salt), the recommendations on overdosage for metoprolol tartrate tablets are applicable to TOPROL-XL. **Signs and Symptoms:** Overdosage with TOPROL-XL may lead to severe hypotension, sinus bradycardia, atrioventricular block, heart failure, cardiogenic shock, cardiac arrest, bronchospasm, impaired consciousness/coma, nausea, vomiting and cyanosis. **Treatment:** In general, patients with acute or recent myocardial infarction or congestive heart failure are more hemodynamically unstable than other patients and should be treated for overdosage. When possible the patient should be treated under intensive care conditions. The basis of the pharmacologic actions of metoprolol, the following general measures should be employed. ***Elimination of the Drug:*** Gastric lavage should be performed. ***Bradycardia:*** Atropine should be administered. If there is no response to vagal blockade, isoproterenol should be administered cautiously. ***Hypotension:*** A vasopressor should be administered, eg, levarterenol or dopamine. ***Bronchospasm:*** A beta$_2$-stimulating agent and/or a theophylline derivative should be administered. ***Cardiac Failure:*** A digitalis glycoside and diuretics should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol or glucagon may be considered.

DOSAGE AND ADMINISTRATION

TOPROL-XL is an extended release tablet intended for once daily administration for treatment of hypertension and angina when switching from immediate release metoprolol to TOPROL-XL the same total daily dose of TOPROL-XL should be used. Dosages of TOPROL-XL should be individualized and titration may be needed. For patients TOPROL-XL tablets are scored and can be divided however the whole tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 25 to 100 mg daily in a single dose, whether used alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until optimum blood pressure reduction is achieved. In general the maximum effect of any dosage level will be apparent after 1 week of therapy. Dosages above 400 mg per day have not been studied. **Angina Pectoris:** The dosage of TOPROL-XL is individualized. The usual initial dosage is 100 mg daily, given in a single dose. The dosage may be gradually increased at weekly intervals until optimum clinical response has been obtained or there is a pronounced slowing of the heart rate. Dosages in excess of 400 mg per day have not been studied. If treatment is to be discontinued, the dosage should be reduced gradually over a period of 1–2 weeks (see WARNINGS). **Heart Failure:** Dosage must be individualized and closely monitored during uptitration. Prior to initiation of TOPROL-XL, the dosing of diuretics, ACE inhibitors, and digitalis (if used) should be stabilized. The recommended starting dose of TOPROL-XL is 25 mg once daily for two weeks in patients with NYHA class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every two weeks to the highest dosage level tolerated by the patient or up to a maximum of TOPROL-XL. If transient worsening of heart failure occurs, it may be treated with increased doses of diuretics and it may also be necessary to lower the dose of TOPROL-XL or temporarily discontinue it. The dose of TOPROL-XL should not be increased until symptoms of worsening heart failure have been stabilized. The difficulty with titration should not preclude later attempts to introduce TOPROL-XL. If heart failure patients experience symptomatic bradycardia, the dose of TOPROL-XL should be reduced.

HOW SUPPLIED

Tablets containing metoprolol succinate equivalent to the indicated weight of metoprolol tartrate USP are white, biconvex film-coated and scored.

Tablet	Shape	Engraving	Bottle of 100 NOC 0186-	Unit-of-Use Packs NDC 0186-
25 mg*	Oval	A | R	1088-05	1088-01
50 mg	Round	A | mo	1090-05	1090-01
100 mg	Round	A | ms	1092-05	1092-01
200 mg	Oval	A | my	1094-05	1094-01

*The 25-mg tablet is scored on both sides.

Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F) [See USP Controlled Room Temperature].

NOTE: This summary provides important information about TOPROL-XL. For more information, please ask your doctor or health care professional about TOPROL-XL. Prescribing information and discuss it with them.

TOPROL-XL is a registered trademark of the AstraZeneca group of companies.
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Manufactured for AstraZeneca LP
Wilmington, DE 19850

By: AstraZeneca AB
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Made in Sweden

30015-01
Rev 02/05 234770

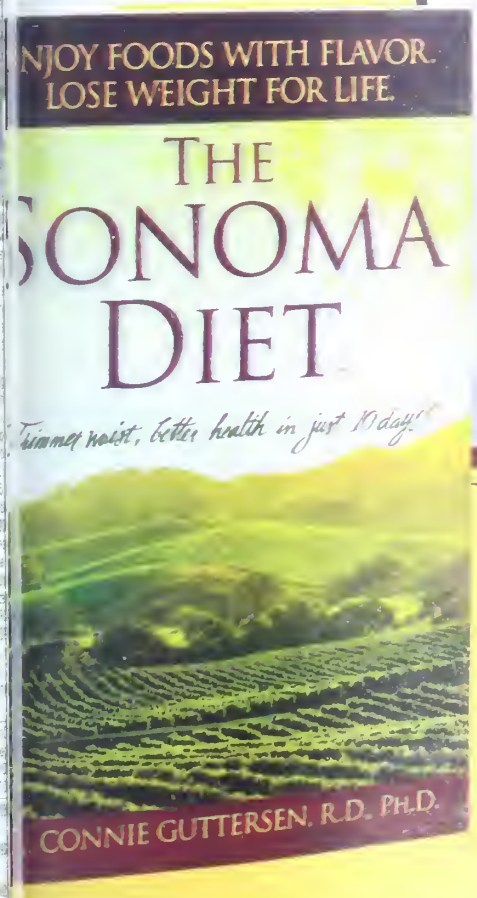
AstraZeneca

Fresh ingredients
Foods with flavor
Fine wine
Lose weight

OU CAN DO THIS.

Steak & Blue Cheese Wrap
as featured in The Sonoma Diet





Connie Guttersen, RD., Ph.D. is a leading expert on the health benefits of diets inspired by Mediterranean, Asian and Latin American cuisines. Her flavorful and nutritious approach to healthy eating and weight loss is setting the new standard for lifelong ...

See results in just 10 days!

Great-tasting foods plus cutting-edge science equals a proven recipe for weight loss success.

By bringing the art and science of food together, *The Sonoma Diet* is a unique weight loss plan that will keep you slim, healthy and enjoying every meal for the rest of your life! Inspired by Sonoma's fresh, flavorful food, this is truly a diet you can live with.

No food categories are off limits.

You can enjoy bread, cereal and rice from day one — there's no deprivation. Emphasizing a balance of whole grains, protein, healthy fats and fresh produce, *The Sonoma Diet* is easy to maintain and lets you enjoy "real" food, even when dining out. There is no "diet food" on this diet — just incredible, easy-to-prepare foods with simple recipes.

No calculator required.

There's no ... counting. No counting calories. No counting period. All ... weight successfully and permanently is an ordinary ... The only thing you'll have to calculate is how

Now available ... sonomadiet.com

to $120 depending on where it's done.

Results above 3 mg/dL are considered high risk; 1 to 3, average; below 1 is good. Being sick or overweight (fat cells secrete inflammatory substances) can up inflammation, distorting test results.

• LDL Particle Size Test. There's more to understand about bad cholesterol (LDL) than your overall count: This sophisticated blood test measures risk by whether your LDL is carried in particles that are predominantly small (bad) or large (good).

The smaller your particles, the likelier they will burrow into blood-vessel walls, thickening arteries. "The small heavy particles, known as Pattern B [if that size predominates], are the ones that do the damage, while the light and puffy ones, called Pattern A, are relatively innocuous," says Leslie Cho, M.D., director of the Women's Cardiovascular Center at the Cleveland Clinic, in Ohio. Another way to gather similar information is to have levels of apoB in your blood analyzed. If you have a low ratio of LDL cholesterol to apoB, you likely have Pattern B, and vice versa—a high ratio suggests Pattern A.

The jury's still out on whether particle size is a better marker of risk than routine screening. Studies have shown that having smaller particles can triple heart-disease risk. People with Pattern B should be more aggressive about lowering their LDLs—optimally below 70 mg/dL, well under the usual 100-mg low-risk level.

6 STAYING HEALTHY

After reviewing your history, examining you and seeing the results of your tests, your doctor will probably move in one of three directions:

You may be in fine shape, in which case you'll probably leave after you settle how soon you need your next checkup. At this point, you should also discuss how to keep your heart as healthy as it is now.

You may have elevated cholesterol or other risk factors that could be lessened by lifestyle changes or other types of therapy. Together, you and your doctor will set up a treatment plan, including follow-up testing to track how well it's working and whether it needs to be adjusted (see "Take Charge of Your Cholesterol," below).

Or your physician may determine that you need further testing and diagnosis (see "If You Are Referred to a Cardiologist," page 170).

TAKE CHARGE OF YOUR CHOLESTEROL

Use exercise and diet alone or with drugs.

Exercise/stress relief. In the landmark Nurses' Health Study, women who exercised vigorously at least [illegible] cut their heart-attack risk by 30 to 40 percent compared with sedentary counterparts. Exercise increases HDL and controls glucose, but you must keep the heart muscle working and maintain high intensity for 20 minutes or more. Moderate daily exercise [illegible] weight. Counteracting stress may help, too—people who [illegible] Drug LDL levels by [illegible] cut saturated and trans fats. Substitute unsaturated fats, such as omega-3 fatty acids and monounsaturated fats in a Mediterranean-style diet can reduce recurrent heart problems as much as 70 percent (see "The Food Lovers' Diet" in our January 2006 issue) and reduce inflammation. Focus on fruits, vegetables, poultry, shellfish and fish, eat little red meat. Switch to low-fat dairy. Eat plenty of fiber, whole grains, beans and nuts. Moderate alcohol consumption can help.

Drugs that lower bad cholesterol. Statins can lower LDL up to 60 percent, whittle down triglycerides and C-reactive protein and slightly increase good HDL, cutting heart-attack risk in women nearly 34 percent. They interfere with the liver's overproduction of cholesterol and also help prevent buildup of plaque in artery walls. Rare but serious side effects (liver, muscle and kidney damage) mean statin users must monitor the liver and watch for muscle soreness.

How low to go? A major 2005 study revealed that people at high risk can significantly cut heart attacks and strokes by lowering LDL to below 80 (the target for low-risk people is 130). Ask your cardiologist which number to use.

Drugs that raise good cholesterol. Prescription niacin can raise HDL 20 to 35 percent. Niacin can cause skin rash, skin flushing and stomach upset; an extended-release formula can ease symptoms. Fibrates can also increase HDL 10 to 25 percent. Primarily used to cut triglycerides (by 20 to 50 percent), they can also be especially helpful for diabetics: A 2005 study revealed that taking fibrates can reduce the incidence of nonfatal heart attacks by 24 percent in people with type-2 diabetes. Though people with coronary artery disease should be on statins, fibrates must be used carefully in combination with these medications because they can cause muscle and liver damage. "The drug regimen should be managed by a specialist," says Dr Sharonne Hayes, of the Mayo Clinic.

CONTINUED ON PAGE 170

california almonds

IDEAL FOR THOSE WHO

LIVE TO EAT & EAT TO LIVE



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e of the best reasons for trying our new maple brown sugar cereal has nothing to do with maple or brown sugar.

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If You Are Referred to a CARDIOLOGIST

YOUR FAMILY DOCTOR WILL SEND you to a cardiologist if you have symptoms that haven't been reversed or controlled with medications or lifestyle changes. You may also be referred if you have a strong family history of heart disease or conditions that exacerbate it, such as diabetes, insulin resistance, high blood pressure or high cholesterol.

It's important to find a cardiologist you feel comfortable working with. "A good cardiologist not only has the credentials but also the ability to be a good listener and the skills to individualize your treatment," says Dr. Mieres. Ask your physician and friends for recommendations. Ask hospitals with heart programs for women for referrals to a physician familiar with women's special needs. (One source: The home page of the National Coalition for Women With Heart Disease, *www.womenheart.org*, lists both "Women's Heart Centers" and "Best Heart Hospitals" under "Resources.")

You can check cardiologists on Healthgrades.com (education and training, board certification, years in practice, disciplinary actions, hospital privileges, location, health plans accepted, etc). Cost: $7.95 for initial report, $3.95 for each additional profile.

A cardiologist will prescribe tests of your arteries and heart, including new scan techniques that can yield more reliable information. No single test can tell all; the right combination will help identify the best lifesaving treatments. Below, your options:

Resting Echocardiogram/ Stress Echocardiogram

What it does: Evaluates heart muscle at rest and peak exercise with a combination of treadmill testing and ultrasound. If you can't exercise, a resting echocardiogram may be used alone. A chemical that raises heart rate can also be injected if you need a stress echocardiogram and can't use the treadmill. This test is more accurate for diagnosing heart disease in women than a stress electrocardiogram (ECG) in part because estrogen can interfere with electrical signals, making results more difficult to interpret. What's more, the ECG stress test is better at detecting problems in the larger arteries, says C. Noel Bairey Merz, M.D., a cardiologist and medical director of Women's Health at Cedars-Sinai Medical Center, in Los Angeles, "but women are more likely to have disease in their smaller blood vessels."

Who needs it: The stress echocardiogram will be ordered as a follow-up to the ECG if you have a heart murmur, chest pain or shortness of breath.

What happens: An ultrasound transducer placed over different areas on your chest emits high-frequency sound waves that create visual images of the heart and indicate the blood flow to different parts of your heart. In the stress echocardiogram, images of the heart are taken while you work out on a treadmill or exercise bike.

Calcium Test

What it does: Measures the buildup of calcium, or plaque, within the arterial walls. Calcium collects in the blood vessels when excess cholesterol embedded in artery walls and inflammation prompts some blood cells to calcify. Over time, the calcium stiffens the arteries, which raises blood pressure and forces the heart to work harder.

"This provides additional information after a cholesterol test," says Linda Demer, M.D., a cardiologist at UCLA who has studied coronary calcium, "and could help people decide if they need to be taking a statin or can just get away with making lifestyle alterations." A high percentile in someone who doesn't have other symptoms or known heart disease means he or she should be further evaluated, while someone in the moderate range should discuss lifestyle changes with a cardiologist. Insurance companies don't always pay for the $300 to $500 test. "If you're at low risk, or you're already taking statins you may not need it," says Dr. Demer.

Who needs it: People with several risk factors, such as high cholesterol, elevated blood pressure or a strong family history of heart disease.

What happens: Doctors use either electron beam computed tomography or a spiral CT scan to identify calcium deposits in artery walls. CONTINUED ON PAGE 17

When it comes to bad cholesterol–

sk your doctor if lower is better.

ting high cholesterol down mportant.

tors know lowering high cholesterol is ortant for everyone. But for some people, even more important. In fact, a panel of ical experts recently proposed updated elines suggesting many patients aim for ven lower cholesterol goal than before.*

rking with your doctor ey to helping you reach r cholesterol goal.

ter all you've tried—including diet exercise—your doctor believes you d to get your bad cholesterol even r, ask whether CRESTOR might help.

lower.

STOR may make the difference you need. ct, the 10-mg dose of CRESTOR, along diet, can lower bad cholesterol by as much 2% (vs 7% with placebo). That means LDL-C—the bad cholesterol—could own about half. Your results may vary.

RESTOR right for you?

's another conversation you need to with your doctor. Your doctor will de the best course of treatment for after assessing your particular needs.

Get more information about CRESTOR.

To learn more about CRESTOR, or if you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help. Call 800-CRESTOR or visit CRESTOR.com.

Here is important safety information about CRESTOR you need to know.

CRESTOR is prescribed along with diet for lowering high cholesterol and has not been determined to prevent heart disease, heart attacks, or strokes. CRESTOR is not right for everyone, including women who are nursing, pregnant, or who may become pregnant, or anyone with liver problems. Your doctor will do blood tests before and during treatment with CRESTOR to monitor your liver function. Unexplained muscle pain and weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. The 40-mg dose of CRESTOR is only for patients who do not reach goal on 20 mg. Be sure to tell your doctor if you are taking any medications. Side effects occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea. They are usually mild and tend to go away.

If your doctor says,
"lower is better," aim lower with CRESTOR.



atment Panel (ATP) III, Update, 2004

ad the important Product Information about CRESTOR and discuss it with your doctor.

AstraZeneca

Please read this summary carefully and then ask your doctor about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

BRIEF SUMMARY: For Prescribing Information see package insert. **INDICATIONS AND USAGE** CRESTOR is indicated as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, non-HDL-C, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and non-familial) and mixed dyslipidemia (Fredrickson Type IIa and IIb) as an adjunct to diet for the treatment of patients with elevated serum TG levels (Fredrickson Type IV) CRESTOR is indicated to reduce LDL-C, total-C, and ApoB in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. **CONTRAINDICATIONS** CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this medication. Rosuvastatin is contraindicated in patients with active liver disease which may include unexplained persistent elevations of hepatic transaminase levels (see WARNINGS, Liver Enzymes). **Pregnancy and Lactation** Pregnancy and Lactation Atherosclerosis is a chronic process and discontinuation of lipid-altering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including maternal production of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. The safety of HMG-CoA reductase inhibitors used during pregnancy and in nursing mothers. ROSUVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE HIGHLY UNLIKELY TO CONCEIVE AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. If the patient becomes pregnant while taking this drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus. See **WARNINGS Liver Enzymes** HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Persistent increases in serum transaminases (2 or more times the upper limit of normal) occurred in 0.2% of patients who received rosuvastatin in clinical trials. The incidence of these abnormalities was dose related in rosuvastatin clinical trials. Discontinuation of therapy may be advisable in patients who have persistent increases in transaminase levels. Caution should be exercised when HMG-CoA reductase inhibitors are administered to patients with a past history of liver disease. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Rosuvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a past history of liver disease. See CLINICAL PHARMACOLOGY, Special Populations, Hepatic Impairment. Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS). **Myopathy/Rhabdomyolysis** Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class. Patients treated with rosuvastatin have been reported to have elevations in CK levels. As with other HMG-CoA reductase inhibitors, elevations in CK levels were also reported in patients taking rosuvastatin. Treatment-related increases in CK (>10 times the upper limit of normal) occurred more frequently in rosuvastatin-treated patients than in patients treated with other HMG-CoA reductase inhibitors. There have been rare reports of patients taking rosuvastatin who developed myopathy and rhabdomyolysis. Myopathy and rhabdomyolysis have been reported in patients treated with HMG-CoA reductase inhibitors, including rosuvastatin, and with other drugs in this class. Treatment-related increases in CK levels and myopathy were also reported in patients taking rosuvastatin. The risk of myopathy and rhabdomyolysis is increased at the highest marketed dose (40 mg). Factors that may predispose patients to an increased risk of myopathy and rhabdomyolysis with HMG-CoA reductase inhibitors, including rosuvastatin, include advanced age (≥65 years), inadequately treated hypothyroidism, and renal impairment. Rosuvastatin should be used with caution in patients with predisposing factors for myopathy/rhabdomyolysis. See DOSAGE AND ADMINISTRATION. Rosuvastatin, as well as other drugs that inhibit HMG-CoA reductase or its coadministration with cyclosporine, should be discontinued if an acute, serious myopathy is diagnosed or suspected. See the 40 mg dose restrictions in DOSAGE AND ADMINISTRATION. The 40 mg dose should be used only for patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR except those patients with severe renal impairment (see DOSAGE AND ADMINISTRATION). The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions.) The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, dehydration, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, or uncontrolled seizures). **PRECAUTIONS General** Before instituting therapy with any HMG-CoA reductase inhibitor, an attempt should be made to control hypercholesterolemia with appropriate diet, exercise, and weight reduction in overweight patients. Secondary causes for hypercholesterolemia (e.g., poorly controlled diabetes mellitus, hypothyroidism) should be excluded. For patients who require treatment with rosuvastatin, the dose should be established based on the recommended starting dose and the degree of LDL-C reduction achieved, as well as the patient's clinical response. Periodic liver enzyme tests should be performed in accordance with the guidelines for monitoring patients treated with lovastatin. Rosuvastatin should be prescribed with caution to patients who consume substantial quantities of alcohol and/or have a past history of liver disease. See CLINICAL PHARMACOLOGY, Special Populations, Hepatic Impairment. Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS). **Information for Patients** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. When rosuvastatin is prescribed in combination with other lipid-altering medications, the patient should be told to read carefully the product information for those medications. Rosuvastatin should be taken at the approximately same time each day, with or without food. See CLINICAL PHARMACOLOGY, Drug Interactions. **Laboratory Tests** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, primarily at the 40 mg dose. In most cases, this was transient and resolved or improved on continued therapy. Routine urinalysis or other testing was not required during the clinical trials. However, if testing was routinely performed as part of local practice, patients who were treated with 40 mg rosuvastatin in the clinical trials could be tested as necessary to follow up on these findings. Proteinuria, detected by dipstick testing and predominantly of renal tubular origin, was seen in patients treated with doses of 10 mg and higher in clinical trials, but did not consistently presage the development of acute or progressive renal dysfunction. Hematuria was observed in rosuvastatin-treated patients in clinical trials and was not associated with worsening renal function. Although the significance of these urinary findings is unknown, a dose reduction should be considered for patients receiving 40 mg of rosuvastatin who have unexplained persistent proteinuria and/or hematuria during routine testing. **Drug Interactions Cyclosporine** When rosuvastatin 10 mg was administered to patients receiving cyclosporine, mean plasma levels of rosuvastatin were approximately 7-fold higher than those seen in healthy volunteers. Rosuvastatin C_{max} and mean AUC were increased 11- and 7-fold, respectively, compared with healthy volunteers. These increases are considered to be clinically significant and require special consideration in the dosing of rosuvastatin in patients taking concomitant cyclosporine (see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). **Warfarin:** Coadministration of rosuvastatin to patients on stable warfarin therapy resulted in clinically significant rises in INR (>4 baseline 2-3). In patients taking coumarin anticoagulants and rosuvastatin concomitantly, INR should be determined before starting rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs. Once a stable INR time has been documented, INR can be monitored at the intervals usually recommended for patients on coumarin anticoagulants. If the dose of rosuvastatin is changed, the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** Coadministration of a single rosuvastatin dose to healthy volunteers on gemfibrozil (600 mg twice daily) resulted in a 2.2- and 1.9-fold respectively increase in mean C_{max} and mean AUC of rosuvastatin (see DOSAGE AND ADMINISTRATION). **Endocrine Function** Although clinical studies have shown that rosuvastatin alone does not reduce basal plasma cortisol concentration or impair adrenal reserve, caution should be exercised if any HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones such as ketoconazole, spironolactone, and cimetidine. **CNS Toxicity** CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in dogs at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. Edema, hemorrhage, and partial necrosis in the interstitium of the choroid plexus was observed in a female dog sacrificed moribund at day 24 at 90 mg/kg/day by oral gavage (systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons). Corneal opacity was seen in dogs treated for 52 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks by oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC). Doses ≤30 mg/kg/day (systemic exposures ≥60 times the human exposure at 40 mg/day based on AUC comparisons) following treatment up to one year did not reveal retinal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertility** In a 104-week carcinogenicity study in rats at dose levels of 2, 20, 60, or 80 mg/kg/day by oral gavage the incidence of uterine stromal polyps was significantly increased in females at 80 mg/kg/day at systemic exposure 20 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 107-week carcinogenicity study in mice given 10, 60, or 200 mg/kg/day by oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day at systemic exposures 20 times human exposure at 40 mg/day based on AUC. An increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic with or without metabolic activation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay, and the chromosomal aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the *in vivo* mouse micronucleus test. In rat fertility studies with oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout mating until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day (systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons). Testicles of dogs treated with rosuvastatin at 30 mg/kg/day for one month spermatidic giant cells were seen. Spermatidic giant cells were observed in monkeys after 6-month treatment at 30 mg/kg/day. In addition to vacuolation of seminiferous tubular epithelium. Exposures in the dog were 20 times and in the monkey 10 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy** *Pregnancy Category X* See CONTRAINDICATIONS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are or may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid at 3% and 20%, respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation day 16 in rats. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rabbits after a single oral gavage dose of 1 mg/kg on gestation day 18. If this drug is administered to a woman with reproductive potential, the patient should be apprised of the potential hazard to a fetus. In female rats given oral gavage doses of 5, 15, 50 mg/kg/day rosuvastatin before mating and continuing through day 7 postcoitus, results included decreased fetal body weight (female pups) and delayed ossification at the high dose (systemic exposures 10 times human exposure at 40 mg/day based on AUC comparisons). In pregnant rats given oral gavage doses of 2, 20, 50 mg/kg/day from gestation day 7 through lactation day 21 (weaning), decreased pup survival occurred in groups given 50 mg/kg/day (systemic exposures ≥12 times human exposure at 40 mg/day based on body surface area comparisons). In pregnant rabbits given oral gavage doses of 0.3, 1, 3 mg/kg/day from gestation day 6 to lactation day 18 (weaning), exposures equivalent to human exposure at 40 mg/day based on body surface area comparisons, decreased fetal viability and maternal mortality was observed. Rosuvastatin was not teratogenic in rats at ≤25 mg/kg/day or in rabbits ≤3 mg/kg/day (systemic exposures equivalent to human exposure at 40 mg/day based on AUC or body surface comparison, respectively). **Nursing Mothers** It is not known whether rosuvastatin is excreted in human milk. Studies in lactating rats have demonstrated that rosuvastatin is secreted into breast milk at levels 3 times higher than that obtained in the plasma following oral gavage dosing. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from rosuvastatin, a decision should be made whether to discontinue nursing or administration of rosuvastatin taking into account the importance of the drug to the lactating woman. **Pediatric Use** The safety and effectiveness in pediatric patients have not been established. Treatment experience with rosuvastatin in a pediatric population is limited to 8 patients with homozygous FH. None of these patients was below 8 years of age. **Geriatric Use** Of the 10,275 patients in clinical studies with rosuvastatin, 3,159 (31%) were 65 years and older, and 698 (6.8%) were 75 years and older. The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age (see WARNINGS, Myopathy/Rhabdomyolysis). The efficacy of rosuvastatin in the geriatric population (≥65 years of age) was comparable to the efficacy observed in the non-elderly. **ADVERSE REACTIONS** Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, 3.1% were discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, asthenia, abdominal pain, and nausea. **Clinical Adverse Experiences** Adverse experiences, regardless of causality assessment, reported in ≥2% of patients in placebo-controlled clinical studies of rosuvastatin are shown. Treatment discontinuations due to adverse events in these studies of up to 12 weeks duration occurred in 4% of patients on rosuvastatin and 5% on placebo.

Table 1: Adverse Events in Placebo-Controlled Studies

Adverse event	Rosuvastatin N=744	Placebo N=382
Pharyngitis	9.0	7.6
Headache	5.5	5.0
Diarrhea	3.4	2.9
Dyspepsia	3.4	3.1
Nausea	3.4	3.1
Myalgia	2.8	1.3
Asthenia	2.7	2.6
Back pain	2.6	2.4
Flu syndrome	2.3	1.8
Urinary tract infection	2.3	1.6
Rhinitis	2.2	2.1
Sinusitis	2.0	1.8

In addition, the following adverse events were reported, regardless of causality assessment, in ≥1% of 10,275 patients treated with rosuvastatin in clinical studies. The events in italics occurred in ≥2% of these patients. **Body as a Whole:** *Abdominal pain, accidental injury, chest pain,* pelvic pain, and neck pain. **Cardiovascular System:** *Hypertension* and peripheral vasodilatation and palpitation. **Digestive System:** *Constipation, gastroenteritis,* vomiting, incontinence, periodontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and ecchymosis. **Metabolic and Nutritional Disorders:** *Peripheral edema.* **Musculoskeletal System:** *Arthritis, arthralgia* and pathological fracture. **Nervous System:** *Dizziness, insomnia, hypertonia, paresthesia, depression,* anxiety, vertigo, and migraine. **Respiratory System:** *Bronchitis, cough increased,* dyspnea, pneumonia, and asthma. **Skin and Appendages:** *Rash* and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (40 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function (See PRECAUTIONS, Laboratory Tests). Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperglycemia, glutamyl transpeptidase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the entire clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (i.e., face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. **Postmarketing Experience** In addition to the events reported above, as with other drugs in this class, the following events have been reported during post-marketing experience with CRESTOR, regardless of causality assessment: very rare cases of jaundice. **OVERDOSAGE** There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSAGE AND ADMINISTRATION** The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of day, with or without food. **Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb)** The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. However initiation of therapy with 5 mg once daily should be considered for patients requiring less aggressive LDL-C reductions, who have predisposing factors for myopathy (see noted below for special populations such as patients taking cyclosporine, Asian patients), and patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, Renal Insufficiency and Drug Interactions). For patients with marked hypercholesterolemia (eg, LDL >190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. Titration and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. **The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR once** (see WARNINGS, Myopathy/Rhabdomyolysis). **When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and then titrated according to the patient's individualized goal of therapy. Homozygous Familiol Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be evaluated from pre-apheresis LDL-C levels. **Dosage in Asian Patients** Initiation of CRESTOR therapy with 5 mg once daily should be considered for Asian patients. The potential for increased systemic exposures relative to Caucasians is relevant when considering escalation of dose to 40 mg where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg. (See WARNINGS, Myopathy/Rhabdomyolysis, CLINICAL PHARMACOLOGY, Special Populations, Race and PRECAUTIONS, General). **Dosage in Patients Taking Cyclosporine** In patients taking cyclosporine therapy should be limited to CRESTOR 5 mg once daily. (See WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be augmented when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renol Insufficiency** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment (CL_{cr} <30 mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and should not exceed 10 mg once daily (see PRECAUTIONS, General and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

NOTE: This summary provides important information about CRESTOR. For more information please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

Rx only

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Wilmington, DE 19850

By: PR Pharmaceuticals, Inc.

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Homocysteine Test

What it does: Measures levels of homocysteine, an amino acid used by the body to help build and maintain tissue. Too much homocysteine causes blood platelets to stick together and damages the lining of the arteries, which can lead to heart attacks and strokes. Because measuring homocysteine levels to identify heart-disease risk is relatively new, benchmark values are not yet established. But elevated levels have been linked to increased coronary blockages.
Who needs it: High-risk patients with personal or family history of heart disease. It may also be ordered after a heart attack to help guide treatment. It is not used as a routine screening test for people at low risk.
What happens: A blood sample is taken by needle from a vein in the arm; sometimes a urine sample is also collected. Your doctor may want you to fast for 10 to 12 hours before the test.

Nuclear Imaging Stress Test

What it does: Detects up to 90 percent of coronary artery disease and measures how well cardiac tissue is being nourished by oxygen-rich blood through a two-part scan.
Who needs it: Patients who have an abnormal resting ECG, who are unable to exercise or who have already been diagnosed with a problem and need more sensitive and specific information about the condition of their heart, says Dr. Bairey Merz.
What happens: A small amount of a radioactive tracer is injected through an IV into your vein. After you exercise on a treadmill, a scanning camera snaps images of your heart. A few hours later, a second set of images is taken while you're in a resting state and the two sets are compared. If the heart muscle is damaged, it won't absorb the radioactive material. Arteries are blocked or dangerously narrowed if uptake of the radioactive isotope is reduced during exercise but normal when you're resting. If the test detects blockages in multiple areas, you may be referred for an angiogram.

MRI (Magnetic Resonance Imaging)

What it does: Produces detailed images of the heart and determines how well the heart is pumping. While MRIs are growing in popularity, says Dr. Cho, "they don't tell you whether your heart is getting enough blood during exercise."
Who needs it: Often those suspected of having damage to the heart structure, such as leaky valves or holes in the heart, or if the sac surrounding the heart, known as the pericardium, is injured.
What happens: A powerful magnetic field generates images of aorta and carotid arteries to evaluate congenital heart disease.

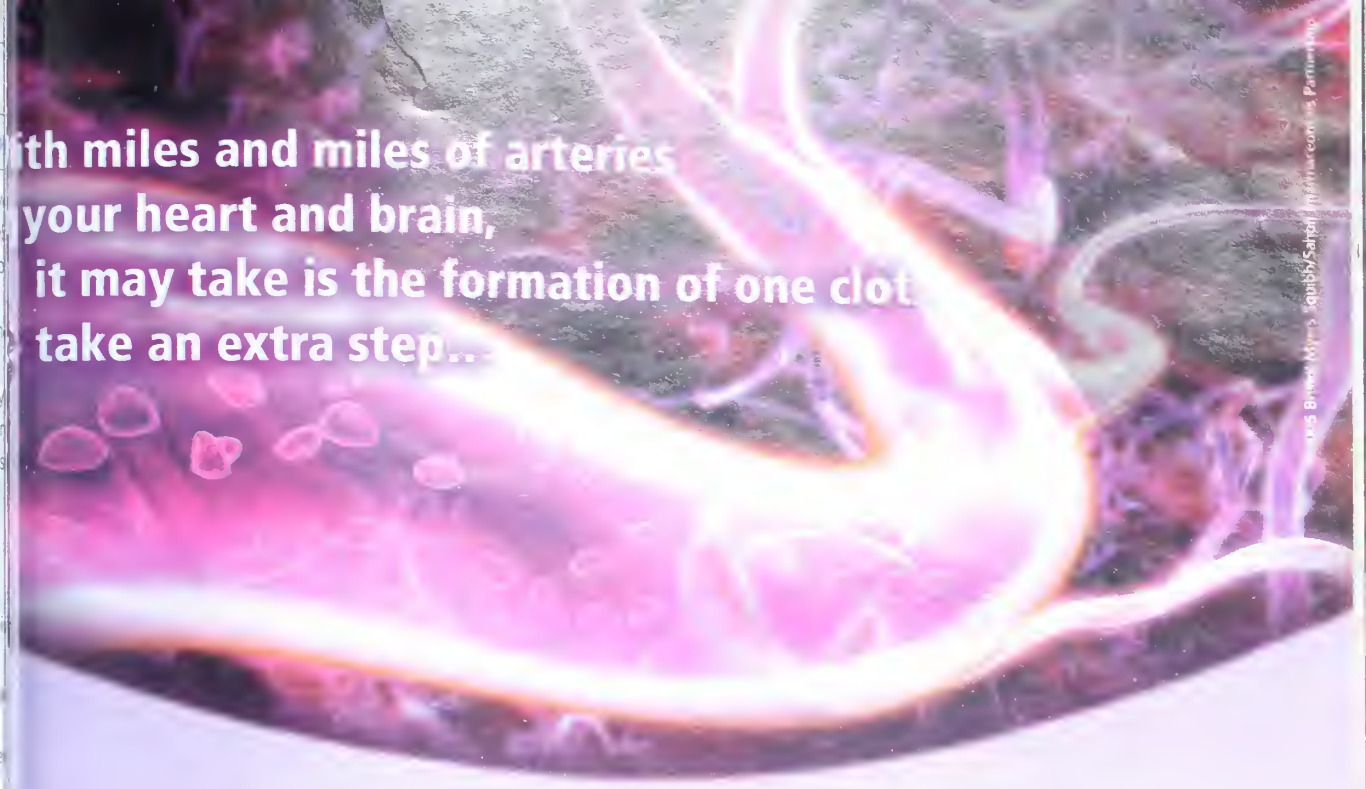
Coronary Angiography (Angiogram)

What it does: This X-ray test is invasive and has been around since the late 19[illegible] but is still seen as the gold standard for identifying blood-vessel blockages.
Who needs it: If other tests indicate there is blockage, you need this test to determine whether you require surgery or an angioplasty. It's performed on patients who have abnormal ECGs or blockages or are in the midst of a heart attack.
What happens: In this procedure—always done in a hospital—a doctor inserts a thin flexible tube called a catheter into a blood vessel in the groin and then gently maneuvers it into a coronary artery. A dye that is visible by X-ray is injected into the coronary arteries, which makes blockages evident. Angiograms have a slight risk of triggering heart attack, stroke, bleeding or an arrhythmia.

Cardiac 64-Slice CT Scans

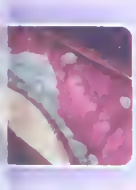
What it does: This test for blood-vessel blockages will likely reduce the need for angiograms for many patients. X-raying the heart has been hard because it is in constant motion. These newest CT scanners divide the heart into 64 imaginary slices, greatly increasing image resolution and providing more accurate diagnosis of arterial blockages.

While CT scans are less invasive than angiograms and provide much the same data, patients are exposed to high levels of radiation—about 50 to 80 times that of a chest X-ray—and insurers may not pay, as they're still considered experimental. Still, "if you don't want an angiogram," says Dr. Hayes, "a CT scan may be helpful."
Who needs it: Same as for angiograms. People with stents or extensive calcium deposits aren't good candidates, because X-rays can't penetrate metal or calcium.
What happens: Dye is injected into the coronary arteries and X-rays image slices of the heart. A computer combines these into a detailed map of arteries and fat-filled plaque. CONTINUED ON PAGE



f you've been hospitalized heart-related chest pain or ertain type of heart attack.

ors call these conditions ACS, or Acute nary Syndrome. You can do more to help ct yourself against a future heart attack or – ask your doctor about adding PLAVIX.



For most, heart attack or stroke is caused when platelets form clots that block the flow of blood to the heart or brain.

aspirin and other heart medications alone are gh? Adding PLAVIX could help protect you t a future heart attack or stroke.

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Brief Summary

INDICATIONS AND USAGE

Recent MI, Recent Stroke or Established Peripheral Arterial Disease

Acute Coronary Syndrome

CONTRAINDICATIONS

WARNINGS

ADVERSE REACTIONS

PRECAUTIONS

General

ADVERSE REACTIONS

Information for Patients

Drug Interactions

PRECAUTIONS– General

atenolol, nifedipine,

phenobarbital, cimetidine estrogen

digoxin theophylline

phenytoin, tamoxifen, tolbutamide, warfarin,

torsemide, fluvastatin, non steroidal anti-inflammatory agents,

diuretics, beta-blocking

agents, angiotensin converting enzyme inhibitors, calcium antagonists, cholesterol

lowering agents coronary vasodilators antidiabetic agents insulin),

antiepileptic agents, hormone replacement therapy, heparins

GPIIb/IIIa antagonists

Drug/Laboratory Test Interactions

Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy

Nursing Mothers

Pediatric Use

Geriatric Use

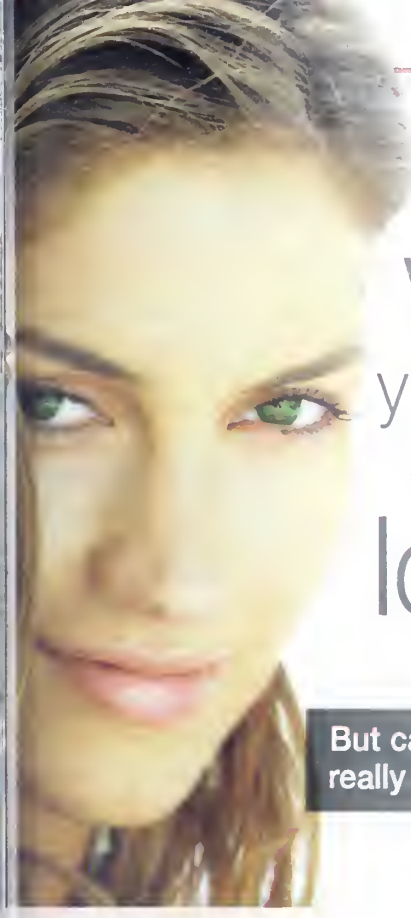
CLINICAL STUDIES

ADVERSE REACTIONS

ADVERSE REACTIONS

Table 3: CURE Incidence of bleeding complications (% patients)

	PLAVIX + aspirin (n=6259)	Placebo + aspirin (n=6303)	P value*
		7.3	3.00
		1.6	0.11
	1.2	0.6	
	0.4	0.1	
	0.1	0.1	
	0.1	0.1	
	0.2	0.1	
	0.1	0.1	
	0.1	0.0	
	0.1	0.0	
		0.1	
		0.1	
		0.1



If you have wrinkles, you've probably heard about... Idebenol™

(e-deb-in-all)

But can this new "miracle" cream really work as good as they say?

By Misty Bott

've seen it on the news... you've read about it in magazines...

eople who have used it not only love it but are buying it again and again and again... racking up huge repeat sales at the cosmetic counters of high-end department stores (and that's at a whopping $109 for a 3.4 ounce tube). The tic industry hasn't been this excited about the debut of a new wrinkle cream since oduction of that "Better Than Botox®*?" "stretch mark cream turned anti-wrinkle nenon™" StriVectin-SD®. So what in the world is all the excitement about?

w "wonder" potion is called onounced ***e-deb-in-all***), from prestige skincare vage™ Dermatologic Laboratories." But why are siders" betting that Idebenol will not only ounger but will breathe new life into a market I say "stagnant" cosmetic industry? Well, it's I's less-than-spectacular – some would say rather green and white packaging. Nor is it the fact that its itself as a "Facial Anti-Oxidant." Let's be s are nothing new. So why is everyone so excited

ason everybody is so excited

nol is that it can virtually reverse the hands of time erse the hands of time" sounds a wee bit trite, but icy little fact that will get you off your butt and your favorite cosmetic counter: In a clinical trial n women with an average age of 67, these women eased their Skin Renewal Rate, or "SRR," so that it matched the skin renewal rate of women s (29-year-olds to be exact). That's right, 67-renewal rate of a 29-year-old. Amazing!

s Managing Editor of ePregnancy *..."The New Image of Pregnancy" fied skin-care junkie.*

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So what is

It [illegible] how



don't know about you, but any skin

at can make 67-year-old skin renew itself with the efficiency of a 29 year old – and "kill" free radicals whatever they are at the same time – sounds pretty amazing to me.

However, Dr. Bishop cautions, "Although the data from preliminary research and, concededly, the remarkable anecdotal reports from people who've used Idebenol suggest that this compound is highly effective, many more clinical trials must be conducted before a consensus regarding this novel skin cream emerges in the established medical community." As a side note: even though Dr. Bishop tells us to wait for a "medical consensus," after our interview, he asked for a free tube of Idebenol for his own personal use – what does that tell ya? Nevertheless, if you're like most of us, and don't give a flying fig about a "medical consensus," but just want to hear "all the facts" – try these facts on for size:

FACT: A 32% reduction in the appearance of fine lines, wrinkles and crow's feet after one month, increasing to a 57% reduction in the appearance of fine lines, wrinkles and crow's feet in just 3 months

FACT: A 34% improvement in the overall appearance of the skin after one month, increasing to a 45% improvement in just 3 months

FACT: A 33% reduction in the appearance of wrinkle depth after one month, increasing to a 55% reduction in the appearance of wrinkle depth in just 3 months

FACT: A 40% rise in skin hydration after one month, increasing to more than 50% in just 3 months

FACT: A 32% increase in the appearance of skin firming and elasticity in only 14 days

In today's world,

however, it takes more than science alone to turn an incredibly innovative new product into an international "phenomenon" like StriVectin. It takes "buzz" – what we used to call word of mouth – the fact that "celebrities" use it, the ultra-chic swear by it, and beauty editors write about it. So why are "insiders" so sure that Idebenol is destined to become the anti-wrinkle phenomenon of this or any decade? "Because Idebenol is not only the most advanced wrinkle cream to hit the market in years," says Heather Brown, Public Relations Director of Sovage Dermatologic Laboratories, "but people use it, love the way it makes them look and tell their friends. It's gotten to the point that just having a tube of Idebenol, because of its cost and limited availability, has become sort of a status symbol – in other words, Idebenol has buzz – lots and lots and lots of

So will Idebenol

[illegible] prestige [illegible] however, the [illegible]

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STRESS & Your Heart

THE HEALTH TOLL IT'S *REALLY* TAKING



It's well established that impatient, angry, hard-driving Type A personalities are likelier to keel over from a heart attack than are pleasant and noncompetitive Type B's. But new evidence links cardio problems to yet another personality type: Type D, the chronically distressed worrier who is uncomfortable in social situations. For cardiac patients, being a Type D personality may be as much of a risk factor for a heart attack as obesity, smoking and family history.

"Evidence suggests that half the people who have heart attacks don't have high cholesterol," says Edward C. Suarez, Ph.D., a psychologist at Duke University Medical Center, in Durham, North Carolina. "But we're starting to understand that psychosocial factors and emotional states, like chronic anxiety, depression and hostility, are major contributors to heart disease."

When we're angry or under pressure, our bodies release stress hormones that spike blood pressure and blood glucose levels so we have the energy and endurance to fend off enemies. This also enhances our ability to form blood clots to heal wounds. Prolonged saturation with stress hormones promotes high blood pressure, harms blood vessels and contributes to blood clotting that can lead to heart attacks. Meanwhile, the immune system responds by releasing proteins that cause inflammation, harming the heart and letting plaque build up on blood vessel walls.

A 2004 Duke University study found that people who scored high on tests for depression, hostility and excessive anger had elevated levels of C-reactive protein (CRP), an inflammatory marker linked to increased risk of future cardiovascular disease. "If they had all three traits, CRP levels were double," says Dr. Suarez, who did this research. And a 2005 Israeli study found that women with job-related burnout had higher CRP levels.

The Type D personality describes people who are inhibited socially, are often unable to form close relationships and have a "generally bleak view of themselves, their future and the world," says Dr. Goldberg, of Lenox Hill Hospital. "They too risk heart disease due to their tendency to suppress or not deal with anger."

Research shows the importance of a positive outlook. In one 2004 study of women over age 60, the more positive participants felt about their relationships, and the more sense of purpose they felt, the lower their interleukin-6, a potentially harmful protein related to inflammation and heart disease. Another found that depressed men have more interleukin-6 and CRP.

Among proven ways to stay healthy: Regular exercise relieves tension and reduces stress hormones. So do yoga and meditation breathing and relaxation techniques. A supportive network of friends and family helps. And laughter may truly be the best medicine, studies say.

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Valentine Sweets

Sensational Soup

Cooking Shortcuts

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Table for *Two*

Celebrate Valentine's Day at home with your [illegible] with an easy-to-prepare meal of oysters, [illegible] hors-



Oysters With Pickled Cucumber



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Heart-Shaped
Brownie Cakes



Rib Lamb Chops With Mustard and Bread Crumb Topping, Spice-Roasted Butternut Squash, and Sautéed Spinach With Garlic, Raisins and Pine Nuts

Oysters With Pickled Cucumber

SERVES 2

Prep time: 15 min **Total time:** 15 min

Kitchen cue: Have your fishmonger shuck, reserving shells, and store oysters in the oyster liquor. If desired, substitute boiled shrimp for the oysters.

- 2 tablespoons champagne vinegar
- 1 tablespoon sugar
- ¼ teaspoon hot-pepper flakes
- ¼ cucumber, seeded and cut into ¼-inch dice (about ½ cup)
- 1 dozen shucked oysters, shells and oyster liquid reserved
- Coarse salt
- Chervil sprigs, for garnish

◆ Bring vinegar, sugar, hot-pepper flakes and 2 tablespoons water to a simmer in a small saucepan. Remove pan from heat and let cool. Stir in cucumber and chill, covered, stirring occasionally, at least 20 minutes.
◆ Arrange half of cleaned and dried oyster shells on a bed of coarse salt. Place an oyster in each with some of the oyster liquid. Serve pickled cucumber on the side or spooned on top of each oyster, and garnish with chervil.

Per serving: 90 calories, 2 g total fat, 0.5 g sat fat, 96 mg sodium, 11 g carbs, 42 mg calcium, 47 mg chol, 6 g protein, 1 g fiber

Rib Lamb Chops With Mustard and Bread Crumb Topping

SERVES 2

Prep time: 20 min **Total time:** 35 min

Kitchen cue: You can substitute 1 teaspoon dried rosemary for the fresh.

- 2 cups coarse fresh bread crumbs
- 1 tablespoon finely chopped rosemary
- ½ teaspoon coarse salt
- ½ teaspoon ground cumin
- ¼ teaspoon sweet or hot paprika
- ⅛ teaspoon ground cardamom
- 2½ tablespoons olive oil
- 1½ tablespoons minced garlic



- 6 rib lamb chops (1¾ lbs)
- 2½ tablespoons Dijon mustard

◆ Toss together bread crumbs, rosemary, salt and spices in a medium bowl until well combined.
◆ Heat 1½ tablespoons oil in a large ovenproof skillet over moderately high heat until hot but not smoking. Add garlic and cook, stirring, 30 seconds. Add bread crumb mixture and cook, stirring, until golden, about 2 minutes. Transfer to a bowl; set skillet aside and let cool.
◆ Let lamb chops stand at room temperature 15 minutes; rinse and pat dry. Season with salt and pepper.
◆ Preheat oven to 400°F and arrange rack in upper third of oven. Wipe reserved skillet clean and heat remaining 1 tablespoon oil over moderately high heat. Brown chops, about 1½ minutes on each side, and remove pan from heat. Spread tops of chops evenly with mustard and sprinkle with bread crumb mixture, pressing with fingers to adhere.
◆ Roast lamb about 5 minutes for medium rare. Let chops stand 10 minutes before serving. Spoon any fallen crumbs in pan onto chops.

Per 2 chops: 735 calories, 56.5 g total fat, 20.5 g sat fat, 816 mg sodium, 17 g carbs, 81 mg calcium, 144 mg chol, 34 g protein, 1 g fiber

Spice-Roasted Butternut Squash

SERVES 2

Prep time: 10 min **Total time:** 40 min

Kitchen cue: We kept the skin on the butternut squash, since it's edible and delicious. If you prefer, remove the skin with a Y-shaped peeler and roast per the recipe below.

- 1 lb butternut squash
- 3 tablespoons unsalted butter
- ½ teaspoon salt
- ½ teaspoon ground cumin
- ¼ teaspoon cinnamon

◆ Trim stem ends from squash. Halve squash lengthwise and discard seeds. Cut squash into 1-inch-thick wedges. Transfer to a roasting pan.
◆ Preheat oven to 400°F and arrange rack in lower third of oven.
◆ Melt butter with salt and spices in a small saucepan over moderately low heat and cook, stirring, 1 minute. Toss squash with half of butter mixture and roast, turning pieces occasionally, until tender, about 30 minutes.

CONTINUED

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Barbara Samson, Delaware
Cooking Consultant

I'm always looking for new ideas. With Swanson Broth I've got a bowlful.



Sensational Chicken Noodle Soup
Prep/Cook Time

3½ cups Swanson chicken broth
Generous dash of pepper
1 medium carrot, sliced
1 stalk celery, sliced
½ cup uncooked medium egg noodles
1 cup cubed cooked chicken



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Toss squash with remaining butter mixture and serve hot.

Per serving: 240 calories, 17.5 g total fat, 11 g sat fat, 590 mg sodium, 23 g carbs, 105 mg calcium, 47 mg chol, 2 g protein, 4 g fiber

Sautéed Spinach With Garlic, Raisins and Pine Nuts

SERVES 2

Prep time: 15 min

Total time: 15 min

Kitchen cue: This will seem like a lot of spinach but it wilts significantly when cooked.

- 2 tablespoons extra-virgin olive oil
- ¼ cup pine nuts
- ¼ cup golden raisins
- 2 large garlic cloves, sliced
- 8 oz (10 cups) baby spinach leaves
- 3 tablespoons sliced, pitted kalamata olives
- 1 tablespoon fresh lemon juice
- 1 teaspoon finely grated fresh lemon zest

◆ Heat 1 tablespoon oil in a large nonstick skillet over moderate heat until hot but not smoking. Add pine nuts and toast, stirring, until golden, about 2 minutes. Transfer with a slotted spoon to a serving bowl. Add ½ tablespoon oil to skillet with half of raisins and half of garlic; cook, stirring, 30 seconds. Add half of spinach and cook, stirring constantly, until spinach just begins to wilt, about 30 seconds. Transfer to serving bowl. Repeat with remaining oil, raisins, garlic and spinach; add to serving bowl and toss together with olives, juice and zest. Salt and pepper to taste.

Per serving: 370 calories, 26 g total fat, 4 g sat fat, 445 mg sodium, 34 g carbs, 103 mg calcium, 0 chol, 8 g protein, 9 g fiber

Individual Heart-Shaped Brownie Cakes

MAKES 6 CAKES

Prep time: 25 min

Total time: 50 min

Kitchen cue: To make chopping the chocolate easier, use a serrated knife.

- 6 tablespoons unsalted butter, melted, plus additional for pan
- 6 oz good-quality bittersweet chocolate, chopped
- ⅓ cup granulated sugar
- ⅓ cup packed light brown sugar
- 1 teaspoon vanilla extract
- ⅓ cup all-purpose flour
- ¼ teaspoon salt
- 3 large eggs
- 14 caramel candies (about ½ cup)
- 2 tablespoons heavy cream

◆ Preheat oven to 350°F and arrange rack in middle of oven. Generously butter or spray a mini 6-heart (½ cup) baking pan.

◆ Melt chocolate with butter in a small saucepan over low heat, stirring, just until smooth. Remove pan

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from heat and stir in sugars and vanilla. Stir in flour and salt until just combined. Stir in eggs, 1 at a time, until combined well.

◆ Spoon batter into pan and bake until cakes are just set, about 25 minutes. Transfer cakes in pan to rack and cool 5 minutes. Place a rack over cakes in pan and invert. Turn cakes right side up on rack.

◆ Melt caramels with heavy cream in a small saucepan over low heat, stirring constantly until smooth, about 6 minutes. Fill a small heavy duty plastic bag with caramel sauce. Snip off tip and pipe onto serving plate, spelling out L-O-V-E.

Serve cakes warm or at room temperature with remaining sauce on the side.

Per cake: 470 calories, 27 g total fat, 15.5 g sat fat, 178 mg sodium, 57 g carbs, 67 mg calcium, 145 mg chol, 7 g protein, 1 g fiber

Chocolate-Cherry Pomegranate Balls

(pictured on page 181)

MAKES 24 BALLS

Prep time: 15 min **Total time:** 25 min

- ¼ cup chopped dried sour cherries
- ¼ cup pomegranate juice
- 3½ oz good-quality bittersweet chocolate, chopped
- ½ tablespoon unsalted butter
- 1 tablespoon honey
- 1 cup finely ground vanilla wafer cookies
- ¼ cup finely ground chocolate wafer cookies
- ½ cup pecans (2 oz), finely ground, toasted
- ½ cup confectioners' sugar
- ¼ teaspoon salt
- 1 cup dark chocolate-covered espresso beans, chopped

◆ Bring cherries and juice to a simmer in small saucepan. Remove from heat and let stand 15 minutes.

◆ Meanwhile, melt together bittersweet chocolate and butter in a heatproof bowl set over a saucepan of simmering water (water not touching bowl), stirring until smooth, about 5 minutes. Remove bowl from pan and let stand 10 minutes. Add honey and cherry mixture, whisking until combined well; set aside.

◆ Combine wafers, pecans, sugar and salt in a large bowl. Add chocolate-cherry mixture and stir until combined well. Form into 1-inch balls and roll in chocolate-espresso beans.

◆ Can be stored at room temperature up to 2 weeks in single layers divided by waxed paper in an airtight container.

Per cookie: 100 calories, 5.5 g total fat, 2 g sat fat, 42 mg sodium, 13 g carbs, 7 mg calcium, 1 mg chol, 1 g protein, 1 g fiber





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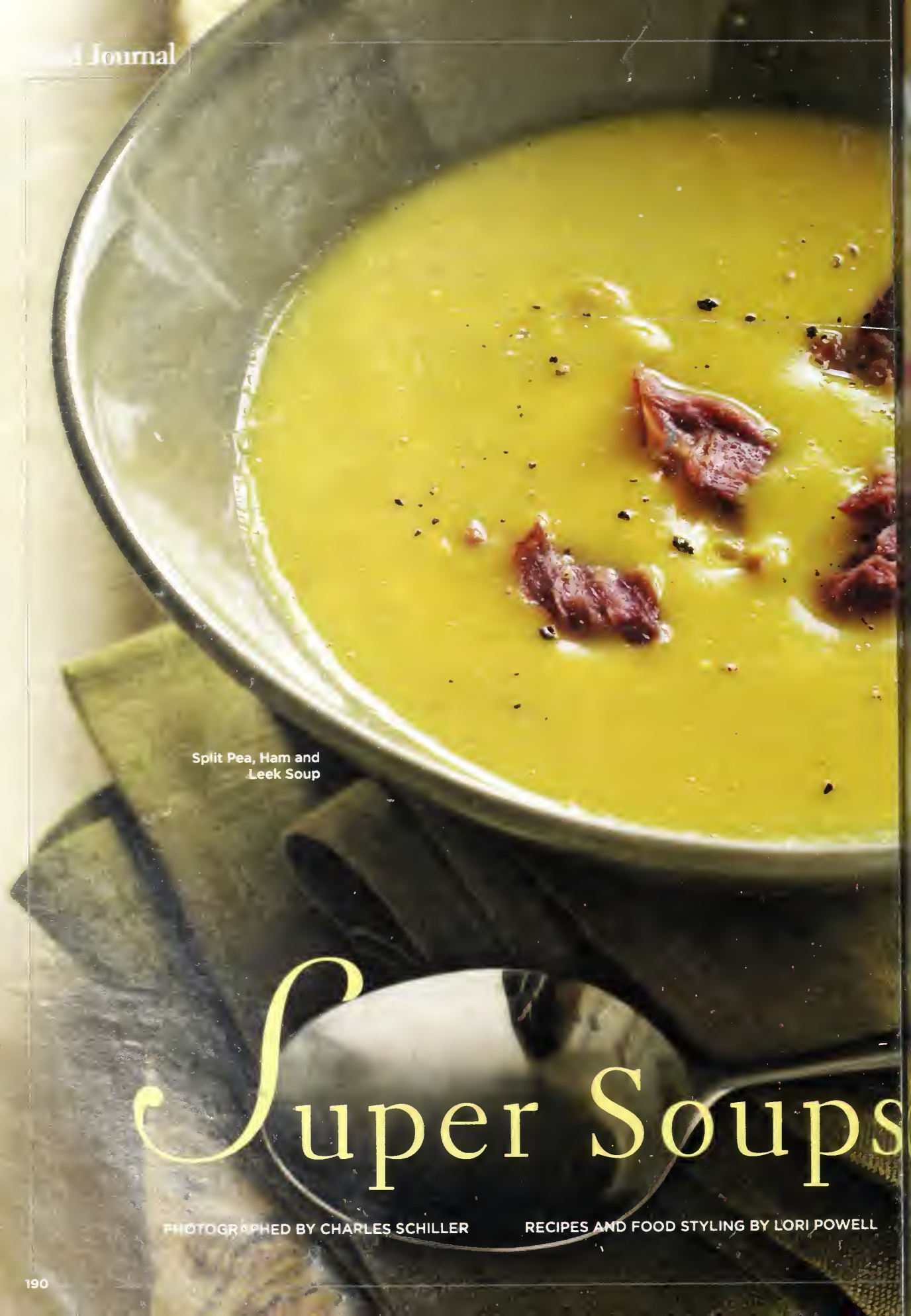
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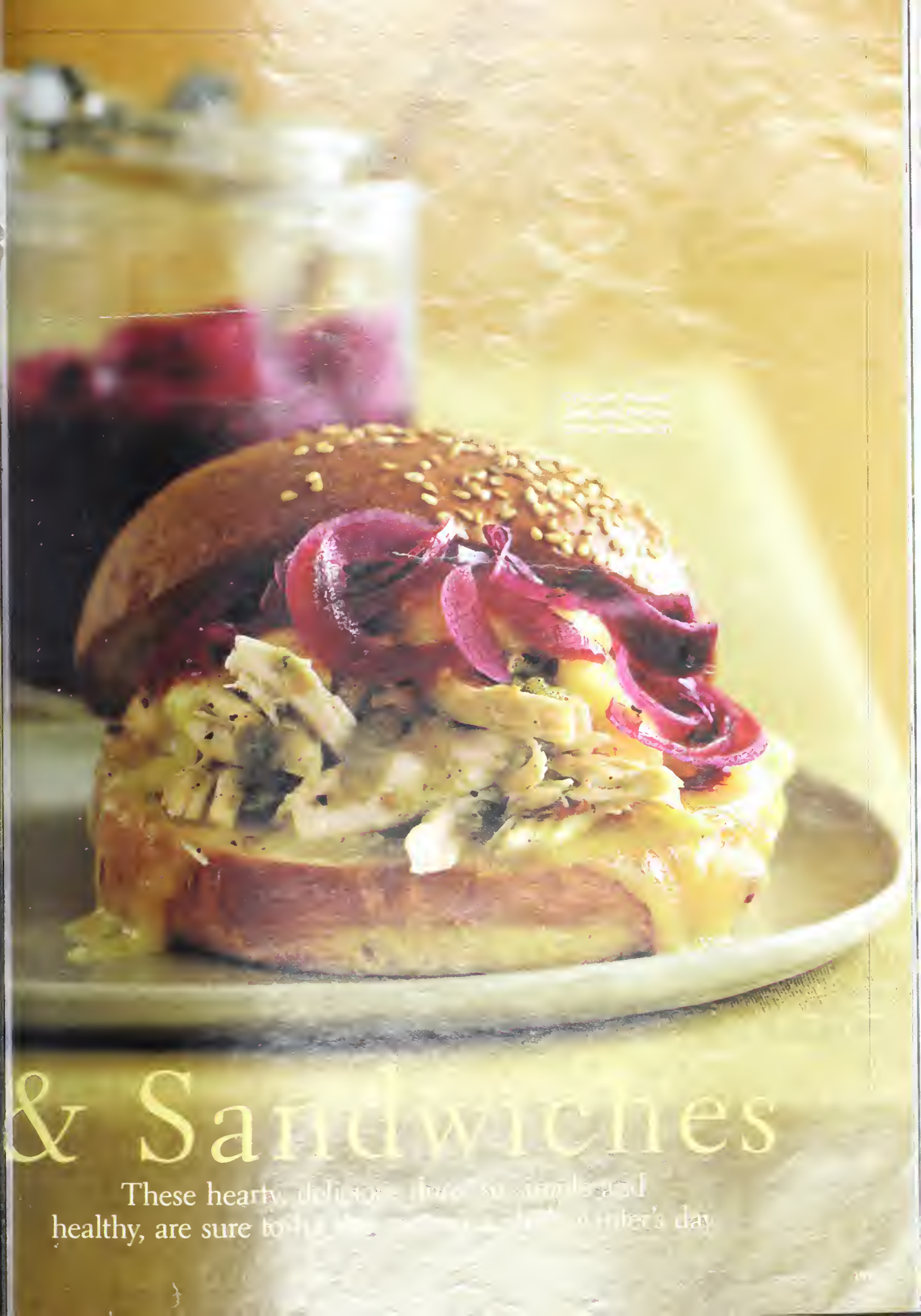


Split Pea, Ham and Leek Soup

Super Soups

PHOTOGRAPHED BY CHARLES SCHILLER

RECIPES AND FOOD STYLING BY LORI POWELL



& Sandwiches

These hearty, delicious [illegible] so simple and
healthy, are sure to [illegible] winter's day.

Split Pea, Ham and Leek Soup

SERVES 8

Prep time: 25 min

Total time: 1 hr 35 min

Kitchen cue: You can substitute green split peas, but they may take twice as long to cook.

- 3 tablespoons olive oil
- 1 lb leeks, white and pale-green parts only, chopped
- 2 carrots, chopped
- 1 celery rib, chopped
- 4 garlic cloves, finely chopped
- 1 (1½ to 2 lbs) smoked ham hock
- 1 package (1 lb) dried yellow split peas
- 1 bay leaf
- 3 sprigs fresh thyme

◆ Heat oil in a 6-quart pot over moderate heat. Add leeks, carrots and celery, season with salt and pepper, and cook, stirring, until softened, about 5 minutes. Add garlic and cook, stirring, 1 minute. Add 3 quarts water and remaining ingredients; simmer, loosely covered, until split peas are very tender, about 1 hour.

◆ Remove and discard bay leaf and thyme sprigs. Transfer ham hock to a cutting board. Purée soup in small batches in blender until smooth. Transfer to a clean pot. Remove skin and fat from ham hock. Pull meat from bone and shred into bite-size pieces. Add ¾ of ham to soup and reheat over moderate heat, stirring occasionally; salt and pepper to taste.

◆ To serve, ladle soup into bowls and garnish with remaining ham.

Per serving: 280 calories, 7 g total fat, 1 g sat fat, 328 mg sodium, 41 g carbs, 60 mg calcium, 10 mg chol, 19 g protein, 4 g fiber

Chicken, Pepper Jack and Pickled Onion Sandwich

SERVES 4

Prep time: 15 min

Total time: 1 hr 10 min

Kitchen cue: If desired, you can substitute the pepper Jack with plain Monterey Jack, cheddar or mozzarella cheese.

- ¼ cup red wine vinegar
- 7 tablespoons sugar
- ½ teaspoon dried oregano, crumbled
- 2 small red onions, sliced
- ½ lb purchased rotisserie chicken, shredded
- ¾ cup tomatillo salsa, plus additional for side
- ½ lb pepper Jack cheese, sliced
- 4 brioche or sandwich rolls, split

◆ Simmer vinegar, sugar, ½ cup water and the oregano in a small saucepan, stirring occasionally, about 2 minutes. Add onions and simmer, 2 minutes. Transfer mixture to a bowl and chill, loosely covered, about 1 hour.

◆ Preheat oven to 400°F. Toss chicken with salsa until combined well. Divide and layer half of cheese, the chicken mixture, then the remaining cheese on bottoms of buns and arrange on a shallow baking sheet with bun tops on side, cut sides up. Roast in middle of oven until cheese melts and buns are golden brown, about 5 minutes. Remove from oven and divide strained onion mixture over melted cheese; cover with bun tops. Serve remaining salsa on side.

Per serving: 580 calories, 24.5 g total fat, 11.5 g sat fat, 1,294 mg sodium, 62 g carbs, 480 mg calcium, 110 mg chol, 32 g protein, 4 g fiber

CONTINUED



Isaac Mizrahi 20-piece flatware set, $29.99, and Basic White Coupe Bowls, $2.99 each, both Target; 800-800-8800 or *www.target.com* for locations.

Shrimp and Corn Chowder

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SUPER BOWL XL

3-A-Day Milk Cheese Yogurt

Shrimp and Corn Chowder

SERVES 6

Prep time: 30 min

Total time: 1 hr 15 min

Kitchen cue: This recipe is especially delicious with fresh corn kernels.

- 4 tablespoons unsalted butter
- 1½ lbs medium shrimp, peeled and deveined, reserving shells
- 2¾ chopped white onion
- 3 teaspoons finely chopped garlic
- 1 cup sweet white wine, such as Riesling or Gewurztraminer
- 2 cups poblano peppers, roasted, seeded and peeled, chopped
- ½ teaspoon ground cumin
- ¾ lb Yukon Gold potatoes, quartered
- ¾ lb small red potatoes, halved
- 3 cups frozen corn kernels
- 1 cup half-and-half
- Fresh lime juice, to taste, plus wedges for garnish
- ¼ cup chopped cilantro

◆ Melt 2 tablespoons butter in a 5 quart pot over moderate heat. Add shrimp shells, ½ of the onion and 1 teaspoon garlic; cook, stirring occasionally, until shells turn bright pink and edges begin to turn golden brown, about 4 minutes. Add wine and 4 cups water; simmer, stirring occasionally, until liquid is reduced to 4 cups, about 20 minutes. Strain stock through a fine sieve set over a bowl, discarding solids; reserve pot.

◆ Melt remaining 2 tablespoons butter over moderate heat in reserved pot. Add remaining onion, the peppers and cumin; cook, stirring occasionally, until onion is tender, about 3 minutes. Add remaining 2 teaspoons garlic and cook, stirring, 1 minute. Add shrimp broth and potatoes; simmer, stirring occasionally, until potatoes are fork tender, adding more water to cover potatoes if necessary, about 20 minutes. Mash some of the Yukon Gold potatoes with a fork to thicken soup. Stir in shrimp and corn; simmer until shrimp are just cooked through, about 3 minutes. Add half-and-half, juice and cilantro; salt and pepper to taste.

◆ Ladle soup into bowls and serve with lime wedges.





Per serving: 395 calories, 14.5 g total fat, 8 g sat fat, 170 mg sodium, 42 g carbs, 122 mg calcium, 176 mg chol, 26 g protein, 4 g fiber

Smoked Turkey Reuben With Green Apple

SERVES 4

Prep time: 20 min

Total time: 30 min

Kitchen cue: If you don't own a panini machine, use a grill pan and press sandwich down with a sturdy spatula.

- ½ cup mayonnaise
- 2 tablespoons ketchup
- 2 tablespoons finely chopped shallot
- 2 tablespoons sweet pickle relish
- 1 teaspoon Dijon mustard

CONTINUED


IF YOUR KID CAN'T LEAVE
THE TABLE UNTIL HE EATS IT
IT PROBABLY NEEDS SOME RANCH
Ranch
THE WAY RANCH IS SUPPOSED TO TASTE

- 8 slices pumpernickel bread
- 1 Granny Smith apple, cored and thinly sliced
- ½ lb sliced smoked turkey
- 1 cup drained sauerkraut
- 6 oz thinly sliced Gruyère or Jarlsberg cheese

◆ Whisk together mayonnaise, ketchup, shallot, relish and mustard in a bowl; season with salt and pepper. Spread mayonnaise mixture on one side of each bread slice. Layer apple and turkey slices on half of bread, mayonnaise side up. Top with sauerkraut, cheese and remaining bread, mayonnaise side down.
◆ Preheat a panini machine until hot and grill sandwiches, in batches, until cheese melts and bread is golden brown.

Per serving: 645 calories, 39.5 g total fat, 12.5 g sat fat, 1613 mg sodium, 44 g carbs, 495 mg calcium, 93 mg chol, 30 g protein, 5 g fiber

Mushroom Bisque

SERVES 4

Prep time: 25 min

Total time: 1 hr 10 min

Kitchen cue: When trimming mushrooms, remove as little of the stem as possible.

- 3 packages (10 oz each) white mushrooms, trimmed and quartered
- 3 tablespoons unsalted butter
- 2 tablespoons olive oil
- ½ cup finely chopped shallot or onion
- ½ cup dry sherry
- 3 cups chicken broth
- ¼ cup half-and-half
- 1½ tablespoons fresh lemon juice
- ½ cup sour cream

Fresh flat-leaf parsley leaves, for garnish





Pulse mushrooms in food processor ntil finely chopped.

Heat butter and oil in a 5-quart pot ver moderate heat until butter is ielted. Stir in mushrooms and shallot; ook, stirring occasionally, until liquid ushrooms give off evaporates and ushrooms begin to turn golden rown, about 20 minutes. Add sherry id cook until reduced by half. Stir in roth and 3 cups water. Simmer until educed to 6 cups, about 20 minutes. ir in half-and-half and juice; season ith salt and pepper.

Blend soup in batches (filling ender only halfway), until very nooth. Transfer to a clean saucepan.

Heat soup over moderate heat until ot and ladle into bowls. Garnish with dollop of sour cream, freshly ground epper and a parsley leaf.

er serving: 300 calories, 24.5 g total fat, g sat fat, 772 mg sodium, 17 g carbs, 72 mg calcium, 41 mg chol, 7 g protein, 3 g fiber

Grilled Bacon, Cheddar and Hot Pepper Jelly Sandwich

SERVES 4

Prep time: 15 min

Total time: 15 min

Kitchen cue: If you can't find hot pepper jelly, try red pepper jelly or mango chutney.

- 4 slices whole-grain or sourdough bread, toasted
- 8 tablespoons hot pepper jelly
- 6 oz sliced sharp cheddar
- ½ lb sliced bacon, cooked

◆ Preheat broiler.

◆ Spread one side of each bread slice with pepper jelly; then evenly top with cheddar and bacon. Transfer bread to a cookie sheet and broil just until cheese melts. Cut sandwiches in half to serve.

per serving: 560 calories, 37 g total fat, 17 g sat fat, 1,013 mg sodium, 30 g carbs, 4 g fiber

Onion Soup

SERVES 6

Prep time: 20 min

Total time: 1 hr 30 min

Kitchen cue: Great onion soup requires a rich stock, available in supermarket freezer sections.

- 4 tablespoons unsalted butter
- 2 lbs red onions, thinly sliced
- 2 lbs yellow onions, thinly sliced
- ½ lb shallots, thinly sliced
- 1 tablespoon plus 2 teaspoons chopped fresh thyme
- 4 cups beef stock or low-sodium canned broth
- ¼ cup dry sherry
- 1 log (4 oz) soft mild

CONTINUED



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2 cups Morningstar Farms® Meal Starters Steak Strips™
2 teaspoons vegetable oil
2 cups fajita vegetable mix*
1 tablespoon lemon or lime juice
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salsa, fat-free sour cream and/or shredded cheddar cheese

DIRECTIONS

1. Cook Steak Strips™ according to package directions. Remove from frypan.
2. Add oil to frypan. Add vegetables. Stir until crisp-tender (1-2 minutes)
3. Stir in Steak Strips™. Remove from heat. Sprinkle with lemon juice.
4. Spoon onto tortillas. Wrap up. Serve with salsa, sour cream and/or cheese.

YIELD: 4 servings

*NOTE: Substitute 1 cup broccoli florets, 1 cup sliced green and/or red pepper and ½ cup sliced red onion.

For more, visit morningstarfarms.com





Three-Onion Soup

goat cheese, softened
3 tablespoons extra-virgin olive oil
10 slices (¼ inch thick) French baguette

◆ Melt 2 tablespoons butter in each of 2 large skillets over moderate heat. Divide onions, shallots and 1 tablespoon thyme between pans and cook, stirring occasionally, until onions are golden brown (do not burn), about 1 hour. Add ½ cup stock to each skillet and simmer, stirring occasionally, until liquid reduces to a glaze. Transfer both onion mixtures to a 5-quart pot; stir in 4 cups water and remaining 3 cups stock. Simmer soup, uncovered, until reduced to 6 cups. Add sherry; salt and pepper to taste. Remove from heat; keep soup hot, covered.

◆ Meanwhile, stir together goat cheese, 2 tablespoons oil and remaining 2 teaspoons thyme; salt and pepper to taste. Preheat broiler. Brush bread slices on one side with remaining 1 tablespoon oil and broil, turning, until golden brown. Spread toasts with goat cheese mixture. Serve soup ladled into bowls with cheese toasts on side.

Per serving: 385 calories, 19.5 g total fat, 8.5 g sat fat, 521 mg sodium, 42 g carbs, 127 mg calcium, 29 mg chol, 13 g protein, 5 g fiber

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by STEPHANIE EMMA PFEFFER



Sandra Lee

This Food Network star says tasty meals don't have to start from scratch—welcome news for busy moms

Sandra Lee was in her early teens when she mastered the art of quick and easy meal preparation. The eldest of five children whose mother was often too sick to cook, Lee was responsible for keeping her siblings' bellies full. "I decided what we'd eat and rode my bike to the store for groceries," she says. Some of her meals included roast meats and mashed potatoes, mac and cheese and fruit cobblers. "I learned to cook out of necessity," she recalls, "because you can't live on Cheerios for three meals a day."

Though not a trained chef, Lee, 38, has nonetheless become one of the hot new stars on TV's Food Network. On her daily show, *Semi-Homemade Cooking With Sandra Lee*, she whips up such tasty treats as Lemony Chicken, Crispy Onion Flowers and Butterscotch Bonbons by combining 70 percent store-bought, ready-made or processed foods with 30 percent fresh ingredients. That magic formula, she says, spares you from slaving over the stove. It also takes it easy on your pocketbook. "Say you need six herbs or spices, which would cost $30," says Lee. "You can get the same thing in a seasoning packet for $1.29. Then splurge on something special, like truffle oil."

Lee, who divides her time between Los Angeles and New York City, has included more of her savvy shortcut recipes in her new book, *Sandra Lee Semi-Homemade Cooking 2* (one example is at right). Inspiration, she says, sometimes comes from the darnedest sources. "One day my niece Stephanie, who's 9, and my nephew Bryce, who's 5, kept asking what would happen if we put the cupcakes on top of the cake, so we tried it." *Voila!* Her now-famous Cupcake Cake was born. "Young people have such imagination," Lee says. She should know.

Angel-Hair Pasta With Roasted Red Peppers, Feta and Herb Dressing

SERVES 8 (Pictured Above)

Prep time: 20 min **Total time:** 20 min

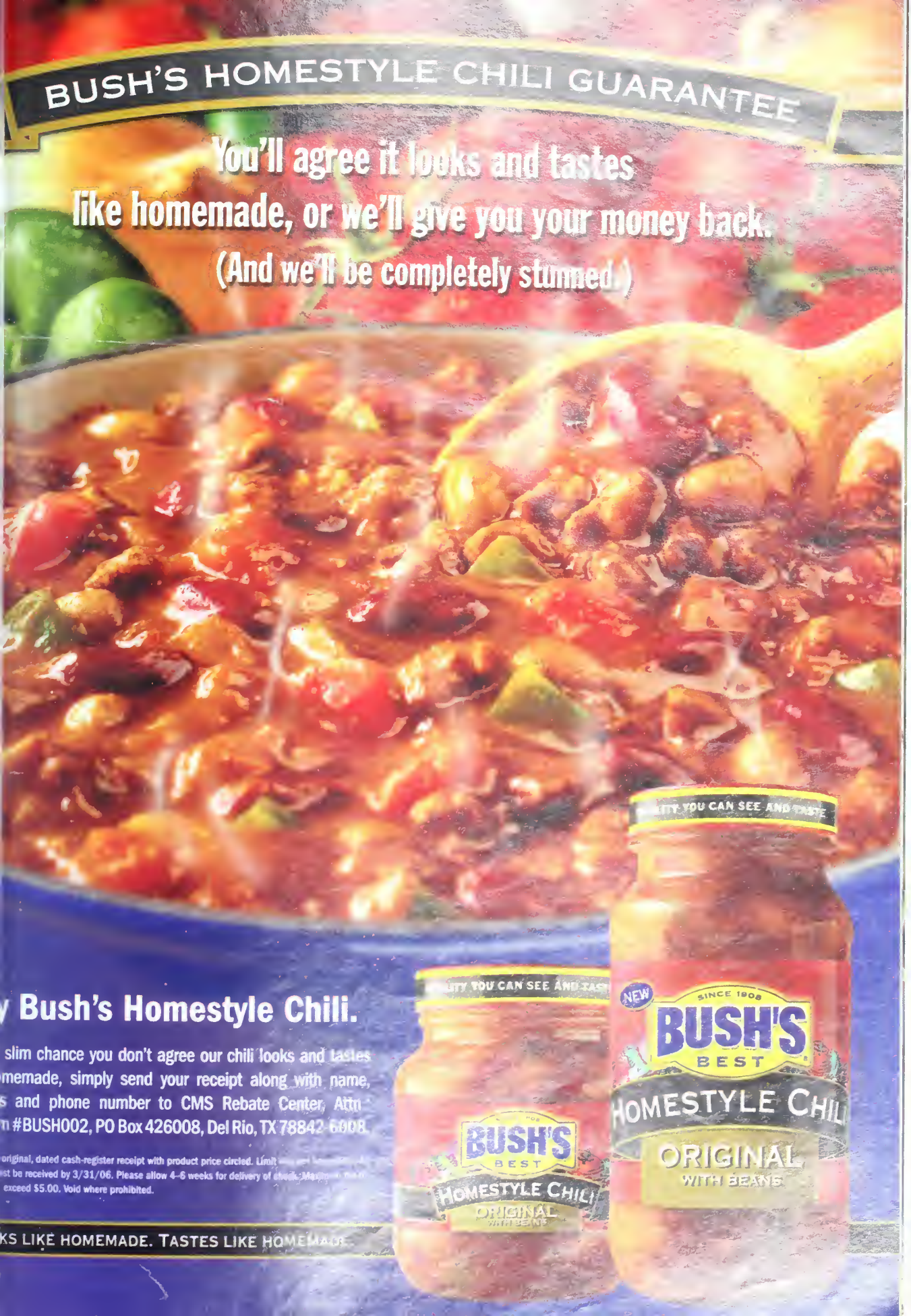
- ½ cup extra-virgin olive oil
- ¼ cup chopped basil
- 1½ teaspoons chopped oregano
- 1½ teaspoons chopped thyme
- 2 tablespoons fresh lemon juice
- ½ teaspoon salt
- Freshly ground black pepper, to taste
- 1 package (16 oz) angel-hair pasta or spaghettini
- ¼ medium red onion, thinly sliced and soaked in cold water for 20 minutes
- 1 jar (12 oz) roasted red peppers, drained and patted dry, coarsely chopped
- 1 cup crumbled feta cheese
- ½ cup sliced pitted kalamata olives

◆ Place oil, herbs, juice, salt, black pepper and 2 tablespoons water in a jar. Close lid and shake until blended.

◆ Cook pasta according to package directions. Drain and transfer to a large bowl. Add dressing to warm pasta and toss to combine. Drain onion and pat dry; add to pasta with remaining ingredients and gently toss to combine. Salt and pepper to taste. Serve warm or at room temperature.

Per serving: 410 calories, 20 g total fat, 4.5 g sat fat, 523 mg sodium, 48 g carbs, 88 mg calcium, 13 mg chol, 10 g protein, 2 g fiber

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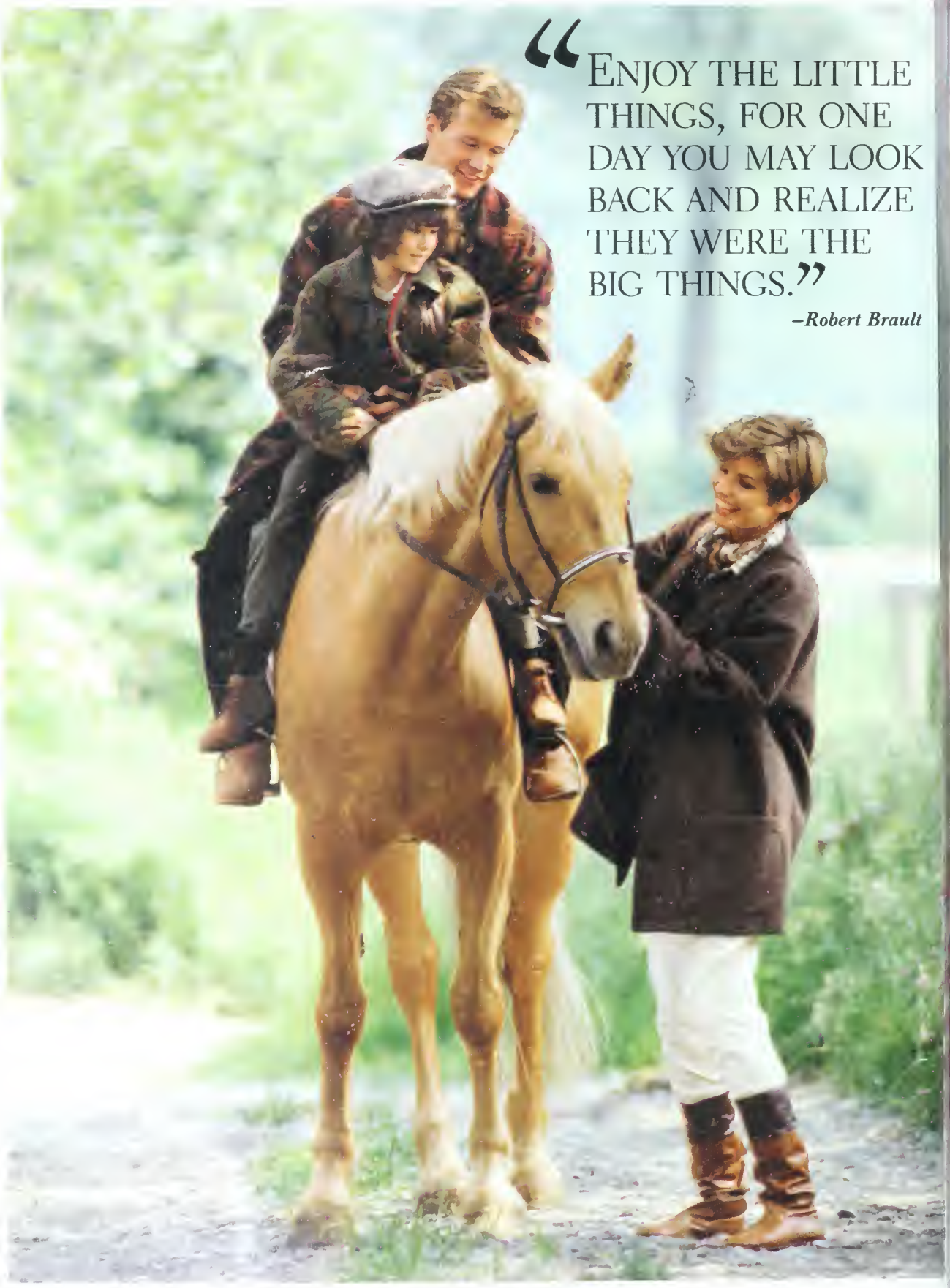
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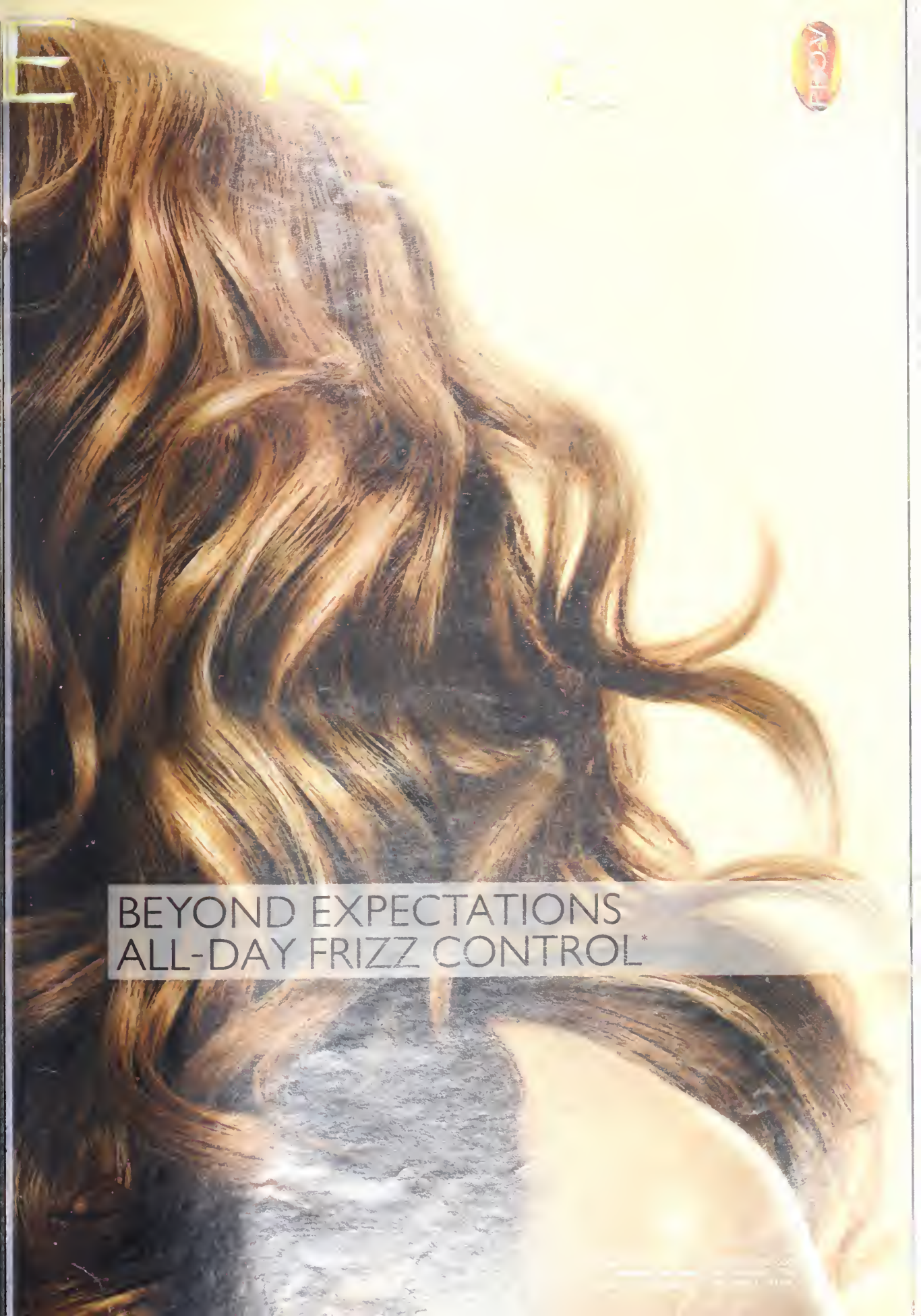
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welcome



Laughter should be a sound track in everyone's life, I feel. That's why we here at *Ladies' Home Journal* particularly appreciate celebrities with genuine comic talent. This issue marks our third year of celebrating and honoring Funny Ladies We Love® and, once again, we will be presenting them with awards at a very special event in Los Angeles.

Our Funniest Favorite this year is cover girl Teri Hatcher, who is as sweet and down-to-earth as she is slyly funny. Her star turn in the monster hit *Desperate Housewives* perfectly showcases her genius for melding pathos and pratfalls. Read the very entertaining (and revealing) interview with her by Lisa DePaulo, starting on page 142. Lorenzo Agius photographed Teri beautifully against a backdrop we created as an homage to artist Roy Lichtenstein, whose style embodies the comic-book surrealism of Teri's role as *Desperate*'s Susan Mayer. Then enjoy seeing our other 24 awardees on the pages that follow.

Speaking of housewives, our Special Report this year is "The Changing Face of the American Family." I think you'll be fascinated, as we were when we were researching it, to discover what a kaleidoscope of configurations we now have among families—the most varied, in fact, since the Census Bureau began keeping tabs. See our first installment in this series on pages 162 to 166. We will introduce you to eight families over the course of the year, each one representing an important trend.

Whatever the makeup of your family, I know you'll enjoy "Why Love Heals" (see page 24), focusing on the finding that being connected to people—family, friends, community—lowers stress, makes you healthier and helps you live longer! Reading all this may inspire you to turn to another story, "Decorating With Family Photos," on page 130, which shows you simple steps to use your family snapshots in creative, pretty ways.

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Teri Hatcher on the set of our cover shoot (by photographer Lorenzo Agius), tending to our creative director, Scott Yardley

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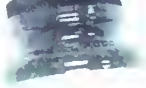
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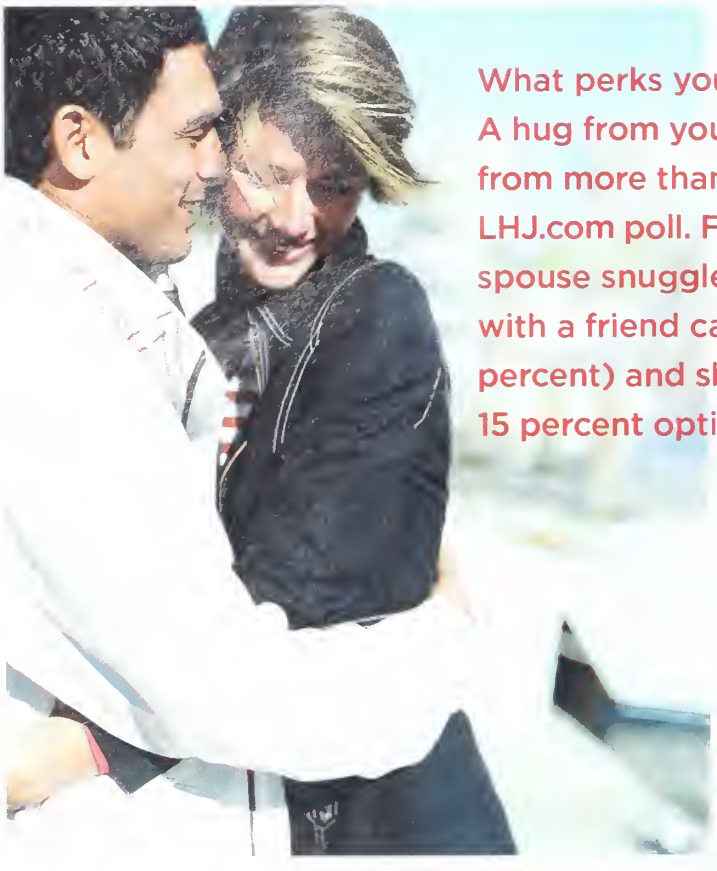
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What perks you up when you're feeling down? A hug from your husband was the top answer from more than 2,000 women in a recent LHJ.com poll. Forty-six percent of you chose a spouse snuggle. A heart-to-heart phone call with a friend came in as a distant second (18 percent) and shopping ranked third, with only 15 percent opting to buy their blues away.

A SIMPLE WAY TO SOLVE PROBLEMS

Stuck trying to get your checkbook to balance? Going cross-eyed trying to decipher your new camera-phone instructions? Don't gut it out for hours on end. To reach a breakthrough, take a break.

When you face a new or especially difficult challenge, past experience and logic may not be enough to solve it: You need an extra burst of creativity to forge a new solution, says Mihaly Csikszentmihalyi, Ph.D., psychology professor at California's Claremont Graduate University. Getting involved in some unrelated activity occupies 15 to 30 percent of your attention, leaving your less-inhibited, more creative subconscious free to grapple with the dilemma. "Although the problem you were working on is not at the forefront of your consciousness, the rest of your brain keeps thinking about it and makes new associations," says Dr. Csikszentmihalyi. So go play with your dog or take a stroll. When you return to your desk, you may find it easier to reach a solution. *—Jennifer Matlack*

Why He Doesn't Laugh at Your Jokes

You've always suspected you had a more sophisticated sense of humor than your husband and it turns out you're right, according to new research from Stanford University, in California. By comparing MRI scans of people looking at cartoons, researchers found that men's and women's brains process jokes differently. "The region of the brain that's associated with analytical thinking and language decoding was activated more for women than it was for men," explains Eiman Abdel-Azim, doctoral candidate at Harvard Medical School, in Boston, and lead author of the study. That difference suggests that a woman's sense of humor is more analytical than a man's and may explain earlier findings that show men tend to laugh at slapstick and physical gags, while women appreciate verbal, narrative humor. So the next time your husband howls when someone slips on a banana peel or gets a pie in the face—in other words, for no good reason—just accept that it's a guy thing and keep watching Larry David or Jon Stewart.

—Caroline Hwang

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With coffee or tea

With juice

- Do not chew or suck on a tablet of FOSAMAX PLUS D.
- After swallowing your FOSAMAX PLUS D tablet, do not lie down – stay fully upright (sitting, standing, or walking) for at least 30 minutes. Do not lie down until after your first food of the day. The FOSAMAX PLUS D tablet can irritate your stomach (pain, heartburn, inflammation, or ulcers) if you do not follow the right way of taking it with your tablet.
- After swallowing your FOSAMAX PLUS D tablet, wait at least 30 minutes before taking your first food, drink, or other medicine of the day. Taking FOSAMAX PLUS D tablet at the same time as other supplements and medicines may keep FOSAMAX PLUS D from working well.
- Do not take FOSAMAX PLUS D at bedtime or before getting up for the day.
- If you have chest pain, new or worsening heartburn, or have trouble or pain when you swallow, stop taking FOSAMAX PLUS D and call your doctor.

Some patients may need more vitamin D than is in FOSAMAX PLUS D. Your doctor may recommend additional vitamin D supplementation.

What is FOSAMAX PLUS D?

FOSAMAX PLUS D contains alendronate sodium and cholecalciferol (vitamin D3). FOSAMAX PLUS D provides 70 mg alendronate sodium and 2800 IU cholecalciferol.

- FOSAMAX PLUS D is a prescription medicine used to treat osteoporosis in postmenopausal women and men. It is also used to increase bone mass in men with osteoporosis.
- FOSAMAX PLUS D is a combination of FOSAMAX (alendronate sodium) and vitamin D. Vitamin D helps the body absorb calcium to build healthy bones. Vitamin D comes from sunlight, foods, and supplements.

Who should not take FOSAMAX PLUS D?

Do not take FOSAMAX PLUS D if you:

- have certain problems with your esophagus (the tube that connects your mouth to your stomach)
- cannot stand or sit upright for at least 30 minutes
- are allergic to any ingredient in FOSAMAX PLUS D
- are allergic to any other medicines containing bisphosphonates (for example, Actonel, Boniva, Didronel, Skelid, Zometa)
- have certain problems with your kidneys
- have hypocalcemia (low blood calcium)
- are pregnant or breastfeeding

How should I take FOSAMAX PLUS D?

See "What is the most important information I should know about FOSAMAX PLUS D?" for important information about how to take the medicine and to help make sure it works for you. In addition, follow these instructions.

- Take FOSAMAX PLUS D once a week

FOSAMAX PLUS D (alendronate sodium/cholecalciferol) Tablets

- Choose the day of the week that best fits your schedule. Every week take 1 tablet of FOSAMAX PLUS D on your chosen day.
- After getting up for the day and before taking your first food, drink, or other medicine, swallow your FOSAMAX PLUS D tablet with a full glass (6-8 oz) of plain water only.
- It is important that you keep taking FOSAMAX PLUS D for as long as your doctor says to take it. For FOSAMAX PLUS D to continue to work, you need to keep taking it.
- If you miss a dose, take only 1 FOSAMAX PLUS D tablet on the morning after you remember. Do not take 2 tablets on the same day. Return to your usual schedule of 1 FOSAMAX PLUS D tablet once a week on your chosen day.
- If you think you took more than the prescribed dose of FOSAMAX PLUS D, drink a full glass of milk and contact your local poison control center or emergency room right away. Do not try to vomit. Do not lie down.

What should I avoid while taking FOSAMAX PLUS D?

- Do not eat, drink, or take other medicines or supplements before taking FOSAMAX PLUS D.
- Wait for at least 30 minutes after taking FOSAMAX PLUS D to eat, drink, or take other medicines or supplements.
- Do not lie down for at least 30 minutes after taking FOSAMAX PLUS D. Do not lie down until after your first food of the day.

What are the possible side effects of FOSAMAX PLUS D?

Some patients may get severe digestive reactions from FOSAMAX PLUS D. (See "What is the most important information I should know about FOSAMAX PLUS D?") These reactions include irritation, inflammation, or ulcers of the esophagus, which may sometimes bleed. These may occur especially if patients do not drink a full glass of water with FOSAMAX PLUS D or if they lie down in less than 30 minutes on before their first food of the day. Esophagus reactions may get worse if patients continue to take FOSAMAX PLUS D after developing symptoms of an irritated esophagus.

Stop taking FOSAMAX PLUS D and call your doctor right away if you get any of these signs of possible serious problems:

- Chest pain
- Heartburn
- Trouble or pain when swallowing

Side effects in patients taking FOSAMAX PLUS D usually have been mild. They generally have not caused patients to stop taking FOSAMAX PLUS D.

The most common side effect is abdominal (stomach area) pain. Less common side effects are nausea, vomiting, a full or bloated feeling in the stomach, constipation, diarrhea, black or bloody stools (bowel movements), gas, headache, a changed sense of taste, and bone muscle or joint pain.

Severe bone, joint, and/or muscle pain has been reported in patients taking by mouth, bisphosphonate drugs that are used to treat osteoporosis (thin bones). However, such reports have been rare. This group of drugs includes FOSAMAX PLUS D. Most of the patients were postmenopausal women (women who had stopped having periods). Patients developed pain within one day to several months after starting the drug. Most patients experienced relief after stopping the drug. Patients who develop severe bone, joint, and/or muscle pain after starting FOSAMAX PLUS D should contact their physician.

Treatment for these symptoms rarely will fever, typically at the start of treatment, have occurred.

Some cases of patients taking FOSAMAX PLUS D may get inflammation or eye pain, redness, or swelling that may be made worse by sunlight. Rarely, severe skin reactions may occur. Patients may get allergic reactions, such as hives or sudden changes in swelling that can be of their face, lips, tongue, or throat which may cause trouble breathing or swallowing. Mouth problems may occur if the FOSAMAX PLUS D tablet is chewed or dissolved in the mouth.

Rarely, patients have had jaw problems associated with delayed healing and infection, often following tooth extraction.

Tell your doctor if you have a medical problem you think may be from FOSAMAX PLUS D, even if it is not listed above, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then a similar amount of new bone is formed. This balanced process keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause and may also occur in men. In osteoporosis, bone is removed faster than it is formed, so overall bone mass is lost and bones become weaker. Therefore, keeping bone mass is important to keep your bones healthy. In both men and women, osteoporosis may also be caused by certain medicines (called corticosteroids).

Mild osteoporosis usually has no symptoms, but it can cause fracture, broken bones. Fractures may cause pain. Fractures of the bones of the spine may not be painful, but over time they can make you shorter. Eventually your spine can curve and your body can become bent over. Breaking may happen during normal everyday activity, such as lifting, bending over, or injury that would normally not cause bones to break. Fractures often occur at the hip, spine, or wrist. This can lead to pain, disability, or loss of ability to move around (mobility).

Who is at risk for osteoporosis?

All women and people at risk of osteoporosis. The following people have a higher risk of getting osteoporosis:

FOSAMAX PLUS D (alendronate sodium/cholecalciferol) Tablets

- Women who are going through or who are past menopause
- Men who are elderly

People who

- Are white (Caucasian) or oriental (Asian)
- Are thin
- Have family member with osteoporosis
- Do not get enough calcium or vitamin D
- Do not exercise
- Smoke
- Drink alcohol often
- Take bone thinning medicines (like prednisone or other corticosteroids) for a long time

What should I know about vitamin D?

Vitamin D is an essential nutrient, required for calcium absorption and healthy bones. The main source is through exposure to summer sunlight which makes vitamin D in our skin. Winter sunlight in most of the United States is too weak to produce vitamin D. Even in the summer, clothing or sun block can prevent enough sunlight from getting through. In addition, as people age, their skin becomes less able to make vitamin D. Vitamin D foods are natural sources of vitamin D. Some foods, such as milk and some brands of orange juice and breakfast cereals are fortified with vitamin D.

Too little vitamin D leads to low calcium absorption and low phosphate. These are minerals that make bones strong. Even if you are eating foods rich in calcium or taking a calcium supplement, your body cannot absorb calcium properly unless you have enough vitamin D. Too little vitamin D may lead to bone loss and osteoporosis. Severe vitamin D deficiency can cause muscle weakness which can lead to falls, and greater risk of fracture.

What can I do to help treat osteoporosis?

In addition to FOSAMAX PLUS D, your doctor may suggest one or more of the following lifestyle changes:

- **Stop smoking.** Smoking may increase your chance of getting osteoporosis.
- **Reduce the use of alcohol.** Too much alcohol may increase the chance of osteoporosis and injuries that can cause fractures.
- **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries, including fractures. Talk with your doctor before you begin any exercise program.
- **Eat a balanced diet.** Having enough calcium in your diet is important. Your doctor can advise you whether you need to change your diet or take any dietary supplements, such as calcium or additional vitamin D.

What are the ingredients in FOSAMAX PLUS D?

Active ingredients: alendronate sodium and cholecalciferol (vitamin D3). FOSAMAX PLUS D provides a week's worth of vitamin D (2800 IU). Daily Value is 400 IU.

Inactive ingredients: cellulose, lactose, medium chain triglycerides, gelatin, croscarmellose sodium, sucrose, colloidal silicon dioxide, magnesium stearate, butylated hydroxytoluene, modified food starch, sodium aluminum silicate.

How do I store FOSAMAX PLUS D?

- Store FOSAMAX PLUS D at 68 to 77°F (20 to 25°C). Protect from moisture and light. Store tablets in the original blister package and carton until time of use.
- Safely discard FOSAMAX PLUS D that is out-of-date or no longer needed.
- **Keep all FOSAMAX PLUS D and all medicines out of the reach of children.**

General information about using FOSAMAX PLUS D safely and effectively

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. This medicine was prescribed for your particular condition. Alendronate in FOSAMAX PLUS D acts specifically on your bones. Do not use it for another condition or give it to others.

This leaflet is a summary of information about FOSAMAX PLUS D. If you have any questions or concerns about FOSAMAX PLUS D or osteoporosis, talk to your doctor, pharmacist, or other health care provider. You can ask your doctor or pharmacist for information about FOSAMAX PLUS D written for health care providers. For more information, call 1-877-408-4587 (toll free) or visit the following website: www.fosamaxplusd.com.

Rx only

Manufactured for

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WHY LOVE HEALS

Making deep emotional connections with friends and family reduces stress, creates more happiness and actually keeps you healthier

By CHRIS CRAWLEY AND HENRY S. LODGE, M.D.

There is an actual, physical chunk of brain that runs your emotions called the limbic brain. You can trace its development back a hundred million years. You can see it on an MRI. Every second you spend with other people, your limbic brain is tuning in to them, being changed by their moods and changing theirs in turn. It's a constant, life-affirming limbic dance.

Experimental psychologists have known for decades that we share moods. If you don't believe me, just think of the people who make you feel better simply by walking into a room. These sorts of interactions feel so good (directly and unconsciously) that we would wither away without them. This is why you should never underrate the emotional side of your life. CONTINUED

Women are better than men at keeping the limbic dance going by working to ensure that families stay connected as the years go by and by building lasting friendships and deep connections from the many different aspects of their lives. High school and college friends, friends from work, friends from raising children together, from neighborhood committees, from shared vacations—sure, some of these bonds and friendships fall away as part of the natural cycle of growing and changing, but most women find new friendships to replace them. Women who don't find close friendships, who have trouble keeping up connections, need to make an effort to change those patterns.



Hundreds of research studies confirm that isolation hurts us and connection heals us through the same physical mechanisms as exercise and healthy diet. Blood vessels are measurably more elastic, the heart's ability to respond to extraordinary demands is higher, cardiac inflammatory protein levels are lower and blood pressure response to exercise is better in more connected people. Their stress-hormone blood profiles are also measurably healthier than those of isolated people.

ISOLATION CAUSES STRESS WHILE BEING CONNECTED IS AS HEALTHY FOR YOU AS GETTING REGULAR EXERCISE

Sadly I see people in my medical practice who give up on connection, who stop living years before they die. These are women and men who feel so overwhelmed by the prospect of getting out and building new connections that they stop trying. Our society—with its emphasis on the traditional family structure and the workplace as centers of social togetherness—doesn't help matters. People who lack either of those have to work doubly hard. But the consequences of not making connections are so devastating that you cannot allow yourself to retreat into isolation. The stakes are too high. A study of more than 4,000 women and men in Alameda County, California, showed a direct link between the size of one's social circle and survival, with larger circles bringing ever-greater longevity. Women with fewer than six regular contacts outside the house had significantly higher rates of blocked coronary arteries, were more likely to be obese and have diabetes, high blood pressure and depression, and were two and a half times more likely to die over the course of the study than those with an extensive social network.

Having either a good marriage or just one close friend cuts the risk of mortality by a third, and the benefit increases the more your circle broadens. It's reassuring to note that both quality and quantity count. Some people have a few close friends or family members, while others have a broad network of involvement with their community. Either works well, though it's best to have both.

Talk to any nurse about how much it matters for patients to have visitors in the hospital—about the difference in outcome for those people who have a steady stream of visitors, a wall covered with get-well cards, flowers obscuring the monitors and tubing. But the thing is, you can't wait until trouble strikes to build your community. You have to work at it day after day, make the calls, make the effort, be the hospital visitor years before you need one yourself.

I'm lucky that no one in my own family has ever shied away from making these kinds of efforts. I couldn't imagine any other way until I became a doctor and saw the isolation in so many people's lives, particularly as they age. My mother and father each care deeply about building their CONTINUED

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passions and connections. They work hard at staying in touch with friends, and they're critically important people in their children's and grandchildren's lives. They have made living, caring and connecting their jobs.

Optimism is an extraordinary limbic resource and is available to everyone because it's a learned skill. You can decide to be optimistic with remarkable success. Not Pollyanna optimistic, but glass half full optimistic, and it's worth the effort. Women who are optimistic about motherhood before pregnancy have a much lower risk of postpartum depression. Optimistic women have lower mortality rates from cancer and heart disease. It seems to help to approach illness with a positive, optimistic attitude, which may lower blood pressure and improve immune function. You recover from bypass surgery faster and better, you get out of bed sooner after back surgery and you go back to work and regular exercise sooner. Anger doubles your risk of heart disease. But perceiving your work as satisfying cuts your risk of heart disease in half.

Generations ago, extended families provided rich, lifelong limbic safety nets and connections to the group. In the days before TV, telephones, electric lights and convenience stores, this wasn't a choice. There was nothing to do but be within a group.

People who report that faith is an important part of their lives have high levels of life satisfaction

The great gift of traditional societies was that you were a necessary part of the community your whole life. Okinawans, a group of people living on an island off the coast of Japan, have the greatest documented longevity of any population on earth, and in their culture older people are integral parts of the community until they draw their last breath. At 90, or 100, they are respected for their life experience and are relevant to the group.

It seems as if that model is vanishing from the planet. But our society still has all those limbic connections—you just have to find them and put them together for yourself. For those who are frantically busy with work, the office can be an important source of connection and gratification, which helps to explain why increasing numbers of Americans of both sexes are choosing to work past retirement. Sometimes this is for financial reasons, of course, but sometimes it's due to the increasing recognition that work has a value beyond the paycheck. Part of the value is simply in the structure—in having a reason to get out of the house in the morning. Part of the value is in the social interactions that come automatically with most jobs. And part of it is the importance of still having a role in the tribe: a defined niche in the great social order.

There are other pathways to connectedness, too, such as spirituality. A search for meaning is too profound and personal for facile advice giving, but we do know that for limbic reasons alone you should be on the journey. The growing number of reasonably well-done studies on spirituality point to its importance in our lives for both mental and physical health. Many people who search for meaning in their lives and their experience via religion or spirituality survive loss, cancer and heart disease better and have healthier immune chemistry and lower risks of stroke and Alzheimer's disease than those who do not.

People who report that faith is an important part of their lives have higher levels of life satisfaction and emotional well-being. You can decide for yourself how much of the positive effect stems from the increased social connections offered by organized religion and how much is from something ineffable, but the simple message is that it is important to look for the meaning in your life's experience.

Every single human being on the planet craves limbic connections. We just need to head out the door to build them. The tide of social atrophy—of limbic decay—is not that strong. It's just remorselessly steady. The ultimate message is swim against the tide, every day. If you work at it steadily, it is almost impossible to fail.

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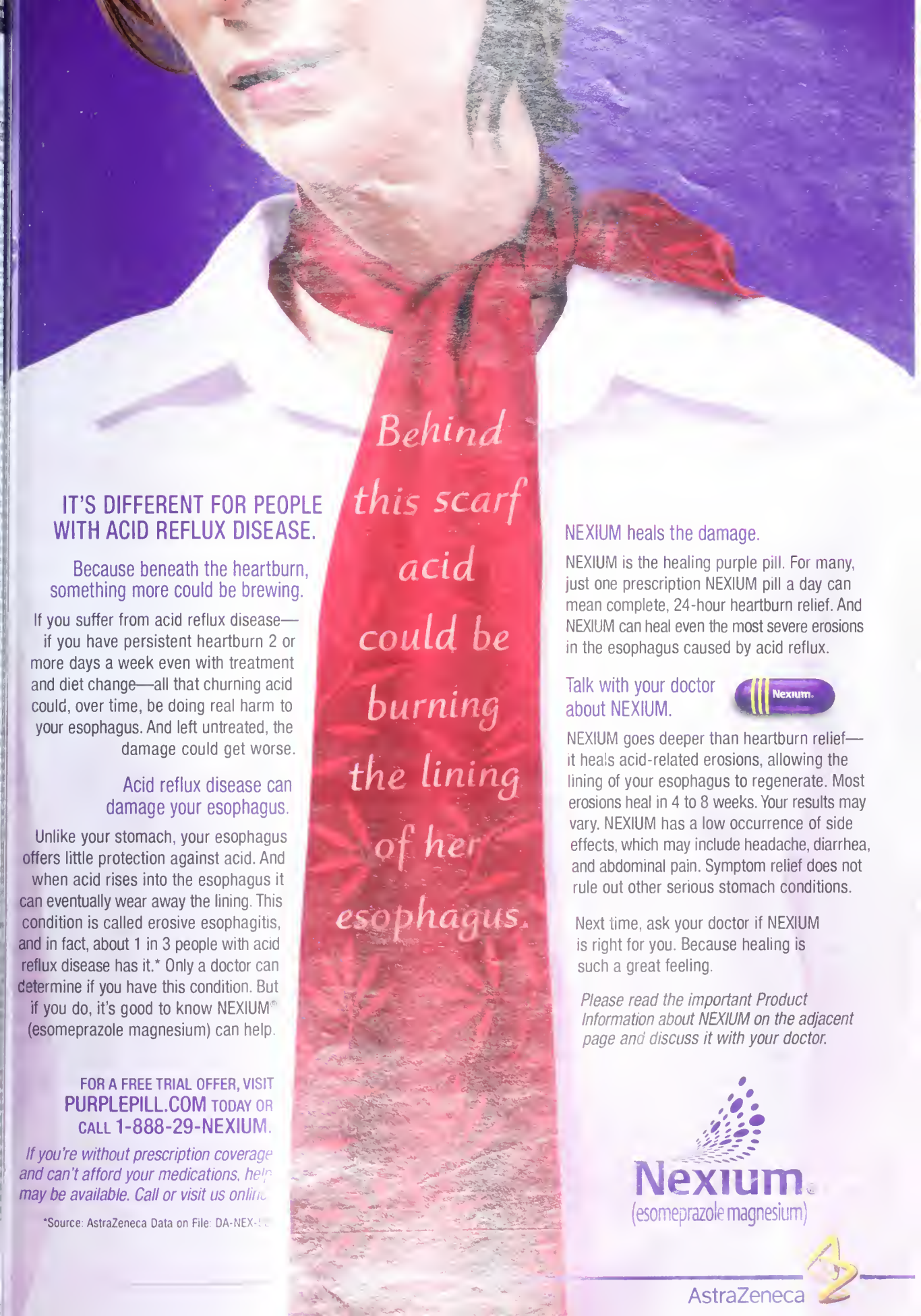
20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis nance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months) and for the heartburn and other symptoms associated with GERD, and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIO** is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PREC** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information fo** NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficul capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened a carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/apples should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively m the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies ha esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin, or amoxicillin. Pe reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Inc and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concu need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plas diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral cr diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant a of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically rele in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esome interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, ir digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was as omeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/k 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-re in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omepra carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyp observed at the end of 1 year (94% treated vs. 10% controls). By the second year, the difference between treated and control rats was n (46% vs. 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tum in male or female rats treated for 2 years. For this strain of rat, no similar tumor has been noted historically, but a finding involving only difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the st conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, an mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Ome positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration t *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was foun effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects. Pregnancy Category B* Teratology studie performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at ora 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction st always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 6 (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal de toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the h on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** The esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following stration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reaction infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decis made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric** and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIU trials, 1459 were 65 to 74 years of age and 354 patients were ≥75 years of age. No overall differences in safety and efficacy were obse the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evalu 15,000 patients (aged 18-84 years) in clinical trials worldwide including over 8,500 patients in the United States and over 6,500 patients Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both sho term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The mo occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference amo groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence <1% are listed below by b ***Body as a Whole:*** abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripher flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors. ***Cardiovascular:*** flushing, hypertension ***Endocrine:*** goiter. ***Gastrointestinal:*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disor disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting. ***Hearing:*** earac ***Hematologic:*** anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia. ***He*** binemia, hepatic function abnormal, SGOT increased, SGPT increased. ***Metabolic/Nutritional:*** glycosuria, hyperuricemia, hyponatrem alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease. ***Musculoskeletal:*** arthralgia, arthritis aggravated, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica. ***Nervous System/Psychiatric:*** anorexia, apathy, appetite increased, depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, pares disorder, somnolence, tremor, vertigo, visual field defect. ***Reproductive:*** dysmenorrhea, menstrual disorder, vaginitis. ***Respiratory:*** as ated cough, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis. ***Skin and Appendages:*** acne, angioedema, dermatitis, pruritus, rash, rash erythematous, rash maculopapular, skin inflammation, sweating increased, urticaria. ***Special Senses:*** otitis media, parosm taste perversion. ***Urogenital:*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, monil vaginitis, polyuria. ***Visual:*** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodu esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of symptoma sophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM were diarr headache (3.8%) and abdominal pain (3.8%). Postmarketing Reports – There have been spontaneous reports of adverse events with p use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, in epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Rarely, hepatitis wit jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omepraz insert. **ADVERSE REACTIONS** section. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human body surface area basis) was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory freque ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Manifest variable but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and ot reactions similar to those seen in normal clinical experience (see omeprazole package insert: **ADVERSE REACTIONS**). No specific esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug ingestio considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book. **DOSAGE AND ADMINISTRATION** Pl Prescribing information for recommended adult dosages and dosage adjustments for **Special Populations** for NEXIUM

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AstraZeneca



IT'S DIFFERENT FOR PEOPLE WITH ACID REFLUX DISEASE.

Because beneath the heartburn, something more could be brewing.

If you suffer from acid reflux disease—if you have persistent heartburn 2 or more days a week even with treatment and diet change—all that churning acid could, over time, be doing real harm to your esophagus. And left untreated, the damage could get worse.

Acid reflux disease can damage your esophagus.

Unlike your stomach, your esophagus offers little protection against acid. And when acid rises into the esophagus it can eventually wear away the lining. This condition is called erosive esophagitis, and in fact, about 1 in 3 people with acid reflux disease has it.* Only a doctor can determine if you have this condition. But if you do, it's good to know NEXIUM® (esomeprazole magnesium) can help.

FOR A FREE TRIAL OFFER, VISIT PURPLEPILL.COM TODAY OR CALL 1-888-29-NEXIUM.

If you're without prescription coverage and can't afford your medications, help may be available. Call or visit us online.

*Source: AstraZeneca Data on File: DA-NEX-5

NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just one prescription NEXIUM pill a day can mean complete, 24-hour heartburn relief. And NEXIUM can heal even the most severe erosions in the esophagus caused by acid reflux.

Talk with your doctor about NEXIUM.

NEXIUM goes deeper than heartburn relief—it heals acid-related erosions, allowing the lining of your esophagus to regenerate. Most erosions heal in 4 to 8 weeks. Your results may vary. NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Next time, ask your doctor if NEXIUM is right for you. Because healing is such a great feeling.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

Nexium®
(esomeprazole magnesium)

AstraZeneca

The Secret to Soulful Sex

If you want your marriage to be emotionally intimate, embrace the spiritual rewards of sex

If you watch a lot of TV you might have the impression that the best sex is found outside marriage. Yet research reveals the pleasures of married sex are far better than those experienced during premarital sex or sex outside marriage. Would it surprise you to know that research suggests married women have more orgasms than unmarried women?

When you consider that sex was invented by God and not Hugh Hefner, the findings of these surveys not only reflect reality but also the biblical teaching that sex was designed for our enjoyment within marriage. In other words, God isn't embarrassed by sex or ashamed of it, and when we engage in it within marriage, He's pleased.

For some of you, this article may be difficult to read. There are few issues in life that can create more hurt, disappointment, frustration and bitterness than sex. You may have been sexually abused in the past and have trouble believing you can ever trust again. You may have been sexually active long before your marriage. You may be in a marriage that lacks any intimacy—emotionally or sexually. You may be divorced and struggling with your natural desires.

The Bible teaches: Since everything God created is good, we should not reject any of it. We may receive it gladly, with thankful hearts. This includes your sexuality. God created you as a sexual being; it's part of who you are and you can accept it without guilt. Physical intimacy between husband and wife is a sacred activity with profound spiritual implications.

God created sex as a physical expression of the spiritual and emotional ties between a man and a woman, where the "two shall become one." You hear and read a lot about soul mates, but very little about the soul ties created by sex between a man and a woman. It's a mystery to understand, yet God designed sex to create a spiritual oneness between a wife and her husband.

If you view sex as nothing more than a physical event, you're missing its full meaning and missing out on the satisfaction and enjoyment God planned for you. Surveys have found a correlation between the intensity of a woman's spiritual convictions and her satisfaction with sexual pleasures in marriage. The gospel truth is that there's a connection between sexuality and spirituality, and that's why God reserved sex for marriage.



Truth be told, God put a sex manual right into the pages of the Bible, in the form of a love poem called The Song of Solomon, which shows the relationship between a man and a woman from their courtship to their wedding night. That's why it's amazing to me that the church is generally known for being against sex: The Bible couldn't get a G rating on the subject! The Song of Solomon is a how-to on reaching marital maturity and deep physical intimacy by paying attention to such details as privacy, unhurried time, complimenting each other, affectionate touching, having special places together, fragrances, intimate talk and the safety of total commitment. This affection creates the atmosphere of intimacy; sex is just the event.

CONTINUED

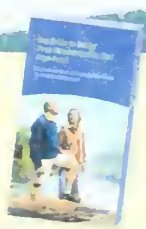
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Relieve
he knee pain.
(And the worry.)

Concerned about taking medicines like Aleve® or Celebrex® for your osteoarthritis (OA) knee pain? Consider FDA-approved SYNVISC for up to 6 months of pill-free* relief.

As more news comes out linking certain oral pain relievers to an increased risk of heart attack and stroke, and others to serious stomach problems like ulcers, SYNVISC is an OA knee pain treatment you can feel good about.

SYNVISC can give you **up to 6 months of OA knee pain relief**—and it's not a pill. It's a treatment that your doctor administers right at the point of pain—your knee. Used in over 2.2 million knees in the US, SYNVISC may help you get back to enjoying the same level of activity you had before OA knee pain. Now isn't that something worth considering?



FREE Knee Pain Relief Kit

Call toll-free 1-800-901-2857 or visit synvisc.com for your kit, including a list of SYNVISC providers near you.

SYNVISC is used to relieve knee pain due to osteoarthritis (OA). It is for patients who do not get enough relief from simple painkillers, such as acetaminophen, or from exercise and physical therapy.

SYNVISC is generally well tolerated. However, it may not work for everyone. The side effects most commonly seen when SYNVISC is injected into the knee were pain, swelling, and/or fluid build-up around the knee. Cases where the swelling is extensive or painful should be discussed with your doctor. Other side effects, such as rash, have been reported rarely. Before trying SYNVISC, tell your doctor if you are allergic to products from birds—such as feathers, eggs, or poultry—or if your leg is swollen or infected. Talk to your doctor before resuming strenuous weight-bearing activities after treatment. SYNVISC has not been tested in children, pregnant women, or women who are nursing. You should tell your doctor if you think you are pregnant or if you are nursing a child.

Treatment with SYNVISC may not eliminate the need for other OA medications.



e see additional important Patient Inform

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PATIENT INFORMATION

Be sure to read the following important information carefully. This information does not take the place of your doctor's advice. If you do not understand this information or want to know more, ask your doctor.

WHAT IS SYNVISC?

Synvisc is a gel-like mixture that is made up of hylan A fluid, hylan B gel, and salt water. Hylan A and hylan B are made from a substance called hyaluronan (pronounced hye-a-loo-ROE-nan), also known as sodium hyaluronate that comes from chicken combs. This is a natural substance found in the body and is present in very high amounts in joints. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint and is needed for the joint to work properly. Osteoarthritis (pronounced os-TE-o ar THRI-tis) (OA) is a type of arthritis that involves the wearing down of cartilage (the protective covering on the ends of your bones). In OA, there may not be enough hyaluronan and there may be a decrease in the quality of the hyaluronan in the joint. Synvisc comes in syringes containing 2 mL (half a teaspoon) of product. Synvisc is injected directly into your knee.

WHAT IS SYNVISC USED FOR?

Synvisc is used to relieve knee pain due to OA. It is used for patients who do not get enough relief from simple painkillers, such as acetaminophen or from exercise and physical therapy.

WHAT ARE THE BENEFITS OF SYNVISC?

Two medical studies involving a total of 132 patients were done in Germany. The patients in these studies were at least 40 years old and had knee pain due to OA. The patients were placed in one of two groups. One group was given an injection of Synvisc into one or both knees once a week for three weeks. The second group was given an injection of salt water once a week for three weeks. As part of the study, knee joint pain was measured for 26 weeks. Also, patients and doctors were asked to judge the success of the treatment for 26 weeks. Patients with OA knee pain, who did not get pain relief with other medicines, got pain relief with Synvisc. The patients given Synvisc had more pain relief than the patients given salt water. Some patients started to feel pain relief after the first week of Synvisc treatment. The most pain relief and the greatest amount of treatment success was seen 8 to 12 weeks after Synvisc treatment started.

A medical study done in the United States involved 90 patients. The patients were at least 40 years old and had knee pain due to OA. Patients were placed into one of two groups. One group was given Synvisc once a week for three weeks. The second group had a needle inserted into the knee to have any fluid removed (this procedure is called arthrocentesis, pronounced AR-thro-sen-TE-sis)) once a week for three weeks. Patients improved after Synvisc treatment, but not more than patients who had arthrocentesis. This study was different from the German studies because the last time the two groups were compared was only two weeks after the last Synvisc injection. The study was also different in other ways, including length of time that patients had to stop taking medicines before they could start treatment. The length of time patients had to stop taking medicines was two weeks in the German studies and four weeks in the U.S. study.

WHAT OTHER TREATMENTS ARE AVAILABLE FOR OA?

If you have OA, there are other things you can do besides getting Synvisc. These include:

NON-DRUG TREATMENTS

- avoiding activities that cause knee pain
- exercise
- physical therapy
- removal of excess fluid from your knee

DRUG THERAPY

- pain relievers such as acetaminophen and narcotics
- drugs that reduce inflammation (signs of inflammation are swelling, pain or redness), such as aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen
- steroids that are injected directly into your knee

ARE THERE ANY REASONS WHY YOU SHOULD NOT RECEIVE SYNVISC?

- You should not get this product if you have had any allergic reaction before to Synvisc or hyaluronan products. Signs of an allergic reaction may include swelling of your face, tongue, or throat, difficulty breathing or swallowing, shortness of breath, wheezing, chest pain, a tightness in your throat, sleepiness, rash, itching, hives, flushing, and/or fever. You should call your doctor immediately if you develop any of these signs of an allergic reaction.
- You should not be given Synvisc if you have a knee joint infection or skin diseases or infections around the area where the injection will be given. Talk to your doctor if you have any questions about this information.

THINGS YOU SHOULD KNOW ABOUT SYNVISC:

- Synvisc is only for injection into the knee, performed by a doctor or other qualified health care professional.
- Tell your doctor if you are allergic to products from birds such as feathers, eggs, and poultry.
- After you receive the injection, you may need to avoid activities such as jogging, tennis, heavy lifting, or standing for a long time.
- Synvisc has not been tested in pregnant women, or women who are nursing. You should tell your doctor if you think you are pregnant, or if you are nursing a child.
- The safety and effectiveness of Synvisc have not been tested in children.

POSSIBLE SIDE EFFECTS:

- The side effects (also called reactions) sometimes seen when Synvisc is injected into the knee as a first or repeat set of injections were pain, swelling, heat, redness, and/or fluid build-up around the knee. These reactions were generally mild and did not last long, but sometime accumulation was considerable and painful; cases where the swe extensive and painful should be discussed with your doctor. The re seemed to occur more often when Synvisc was injected into the k a repeat set of injections than when Synvisc was injected as a fir of injections.
- These reactions were generally treated by giving pain relievers b such as acetaminophen or by giving NSAIDs by mouth or inject steroids, or by removing fluid from the knee joint. Patients hav undergone arthroscopy (a surgical inspection of the knee joint) other medical procedures.
- Rare cases of knee joint infection have been reported after Syn injections.
- Rashes, hives and itching have been seen in patients after Synv treatment. Before you are given Synvisc, tell your doctor if som like this has ever happened to you after receiving an injection Synvisc or other hyaluronan products.
- Other less common side effects have been: muscle pain/cramps, and/or swelling of your face, fast heartbeat, nausea (or feeling your stomach), dizziness, fever, chills, headache, difficulty breat swelling in your arms and/or legs, prickly feeling of your skin, rare cases a low number of platelets in the blood (platelets are of blood cell that are needed to help clot your blood when you or injured).
- If any of the above symptoms or signs appear after you are giv Synvisc, or if you have any other problems, you should call your

HOW IS SYNVISC GIVEN?

Your doctor will give you your injection of Synvisc (2mL) into your once a week, for a total of three injections.

MANUFACTURED AND DISTRIBUTED BY:

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HOW DO I GET MORE INFORMATION ABOUT SYNVISC?

If you have any questions or would like to find out more about Synvisc, you may call Genzyme Biosurgery at 1-888-3-SYNVISC (1-888-379-6847).

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Synvisc™ is covered by U.S. patents.

70230602 Revised November 15, 2004

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Help to find insurance coverage for SYNVISC treatments

SYNVISC is eligible for reimbursement by most insurance plans. Many require that your physician provide SYNVISC. If your physician does not provide SYNV and he or she writes a prescription for SYNVISC, some insurance plans, including Medicare, may not cover the cost. Therefore, it is recommended that you a your physician if his or her office provides SYNVISC. Procedures vary from policy to policy, so please check with your physician and/or your insurer. If you hav additional questions about insurance coverage, please contact the SYNVISC Reimbursement Hotline at 1-800-982-8292. This toll-free number can be access between 8:30 a.m. and 6:00 p.m., Eastern Time, Monday through Friday.

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Kay and Rick Warren today, married for 29 years

The Song of Solomon stresses the eed to be intentional about your sex fe. It rejects the myth that sex is just oing what comes naturally: that path ill only lead to self-centeredness ecause you'll just do the things that lease you without considering the eeds of your mate. At the risk of eing labeled politically incorrect, ien and women are simply wired dif erently. When it comes to sex, men re like a light switch. They turn on uickly. Women are more like an iron; ney take time to warm up. Another vay to think of it is that men are like nicrowaves while women are like Crock-Pots.

The only way to learn the needs of our mate is by talking about them n specific detailed ways. Speaking andidly, I know this from personal xperience. When Kay was a child, he was sexually molested and it eft her broken and wounded. How ould anyone find joy in physical ntimacy after such an evil experi nce? Being a typical male, I thought ounseling was there to help Kay eal, but once there, I had to face ot of my own issues.

But it was absolutely worth it: W ot only learned to communic vith each other but also began ee the incredible power of "two becoming one." We learned to be specific in expressing our needs, even sexual needs, to each other. Rather than asking vague questions, we learned to be specific in our requests. You'll find that the atmosphere of emotional intimacy this develops is well worth the risk of being open, honest and specific.

You don't have to be perfect to be loved by God. No matter what you've done—or in the case of abuse, no matter what someone else has done to you—God still loves you. I can say with confidence that no matter how big your problems seem, God's compassion is even bigger. I have seen God pick wounded and [illegible]

night need some counseling. Don't be discouraged: Every couple struggles with making sexual adjustments in their marriage. Bob Baker, who heads the counseling ministry at Saddleback Church, says it takes patience and time to build a satisfying love life. In order to truly understand the desires of your spouse, you must allow yourself to be taught by your spouse, just as your spouse must learn about your desires from you.

So don't give up! It takes time, but it's never too late to begin intentionally building an intimate atmosphere of affection in your marriage. Consider this encouragement straight out of the Bible: "Let your wife be a fountain of blessing for you. Rejoice in the wife of your youth. She is a loving doe, a graceful deer. Let her breasts satisfy you always. May you always be captivated by her love."

The Hebrew language of this biblical passage suggests we should "be intoxicated . . . be ravished . . . be enthralled . . . be exhilarated . . ." by our spouse. In other words, let your wife steal your senses away. Now that's the Bible talking about sex; that's God talking to us. God's ideal for intimacy in marriage is that it should be fun and fantastic.

May it be so in your marriage.

It's a mystery to understand, yet God designed sex to create a spiritual oneness between a wife and her husband

You can learn more about living the Purpose Driven Life by going to www.purposedrivenlife.com or by e-mailing Rick Warren at rick@purposedrivenlife.com.


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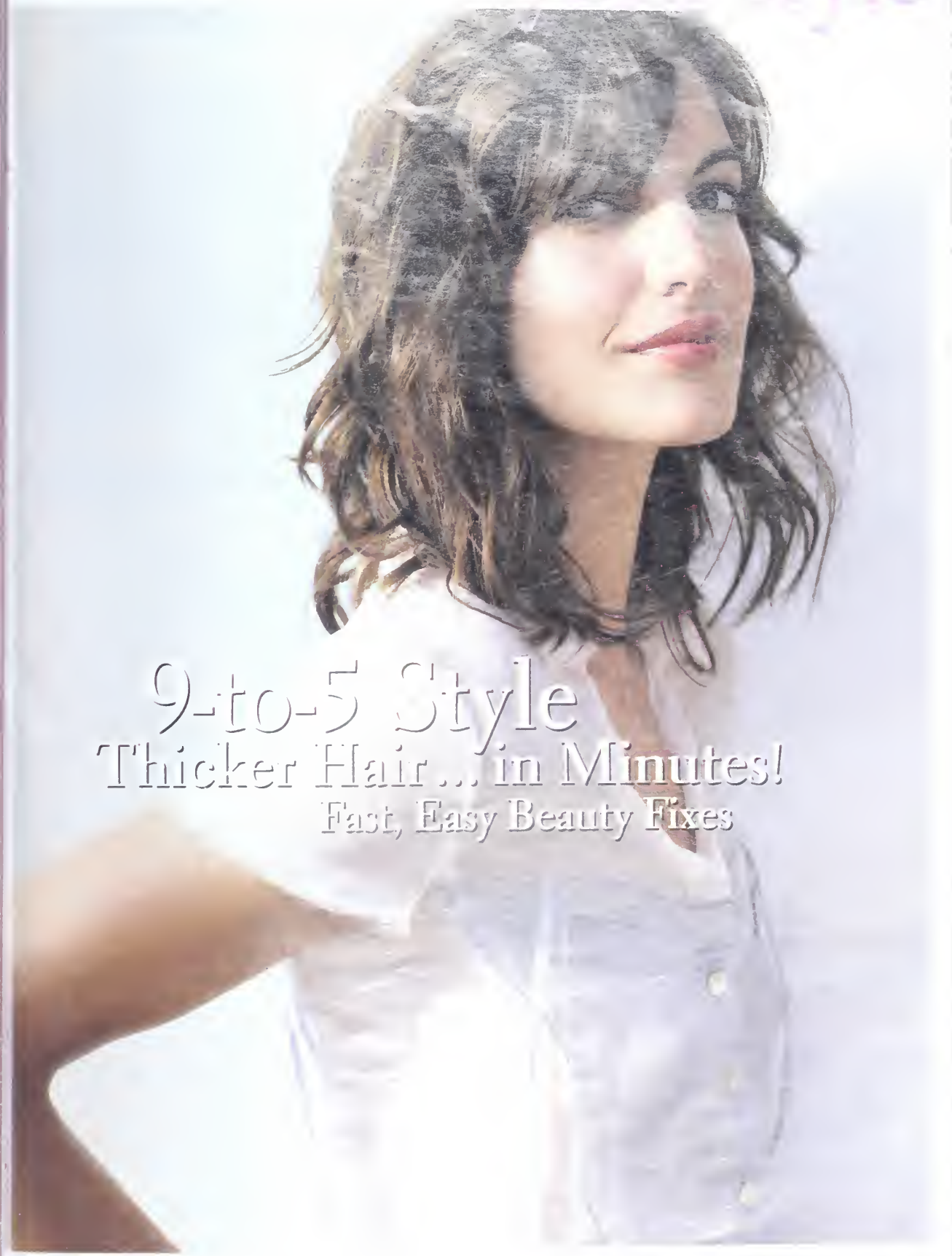
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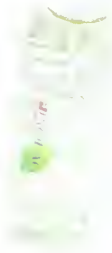
Fast, Easy Beauty Fixes



Be a True Sleeping Beauty

Getting a good night's rest is now simpler than ever, thanks to new bath and body treats that will calm your senses and lull you to sleep. Use them as often as you wish or, better yet, make them a permanent addition to your nighttime beauty routine.

For the bath: (1) Jane Inc. Go to Sleep bath cube, $6.50, fizzes in your tub, releasing the scent of relaxing lavender and includes valerian root (used since the 18th century to calm frayed nerves).
In the shower: (2) Caress Evening Silkening Body Wash, $2.99, contains jasmine, which alleviates fatigue, with hints of freesia and orange blossom.
On your body: (3) The Healing Garden's ZzzTherapy All Night Moisture Body Lotion, $6.75, calms with chamomile and vanilla bean.
For your pillow: (4) Aloette's Sweet Dreams Pillow Mist, a blend of spices and sandalwood, works right on your pillow. (It's part of the Stress Free Living Kit, $45, including lotions for headache and sore muscle relief.)



SECRET WEAPON

Get Shinier Hair!

We already know that shiny hair is a must-have for the everyday woman, but apparently it's essential for action stars, too. During the filming of last fall's *Aeon Flux*, Charlize Theron's stylist Enzo Angileri, spokesman of Matrix, relied on the Biolage Colorcaretherapie Shielding Shine Mist, $13.95, to kick up Theron's luster. This lightweight spray, a blend of wheat germ, soybean and sunflower oils, adds shine and protects color-treated hair from fading. But don't overdo it, says Angileri. A few mists on dry strands are sufficient to take your hair from blah to brilliant.

Where to Find It, page 202



BREAKTHROUGH

A Perfect Pedicure

What do nail files have in common with computer gadgets? More than you might realize. For their new nine-piece collection of pedicure tools, the folks at Revlon turned to Metaphase, the design firm behind the scrolling-wheel mouse, to ensure that every item is ergonomically designed for maximum effect and minimum discomfort. We're especially impressed by the Expert Effect Curved Nail File, $5.99. Its rubber gripper and curved shape make it a snap to move around your toes. Ready, set, file!

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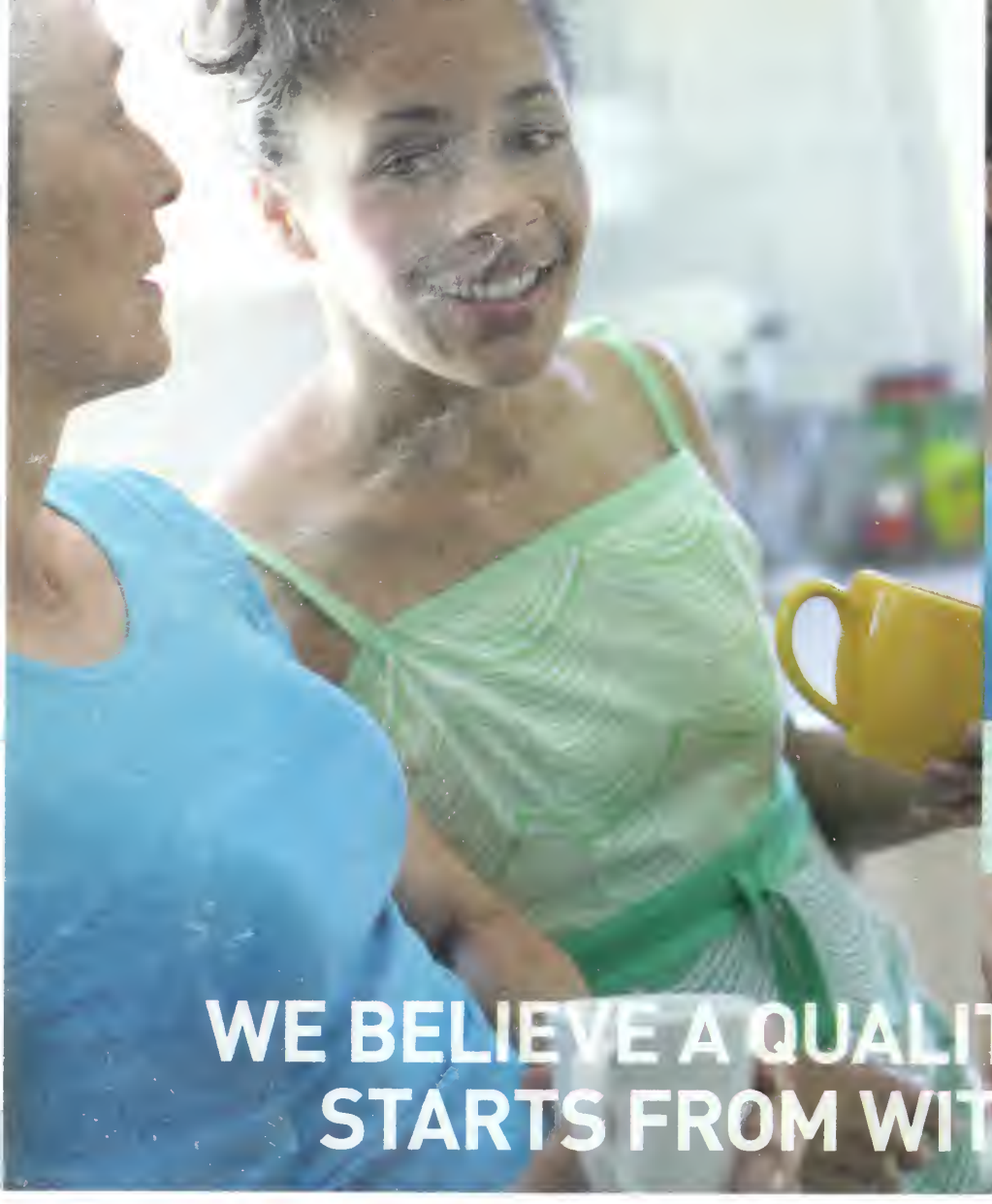
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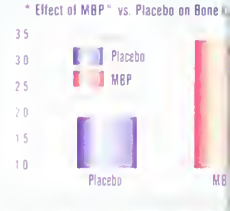






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ATRICIA'S PICK

oft Skin onus, in Your wn Bathtub

ere's something about a in the ocean that brings a buoyant grin. Maybe it s to do with the hydrating d revitalizing benefits of thing in seawater. Until w, bringing these rich iters, plants and muds to ur own bathtub has been ssible only via pricey spa oducts. That's all about to ange with AquaTanica Spa, collection of treatments rmulated with ingredients m Brittany that is now ailable exclusively at Bath & dy Works. My favorite is e Fine Mineral Body Wrap, 2, a mud that returns sential minerals and other drating ingredients to my in. I slather it on, let it set r a few minutes and rinse it f in the shower or in the b—happily, it works in both!

ENTER TO WIN FAMILY STYLE MAKEOVER CONTEST!

For the past two years we have handpicked one lucky family from more than 700 entries to receive a trip to New York City, a head-to-toe beauty and fashion transformation and to be featured in this magazine. Now it's *your* chance! Enter our third annual *Ladies' Home Journal* Family Style Makeover contest and you and your family could win a dream makeover.

Here's how it works. **Tell us in a typed essay of 200 to 250 words why your family is ready for a style makeover.** (Maybe you're in the midst of a lifestyle transition or you crave a change.) **We also need one recent snapshot of your family (up to six members).** Then fill out the entry form below. All entry materials must be original and unpublished and may not have already won any prize or award. **Mail essay, photo and entry form** to *Ladies' Home Journal* Family Style Makeover Contest, 125 Park Avenue, 20th Floor, New York, NY 10017, or enter online at *www.lhj.com/stylemakeover*. No purchase necessary. Contest begins 2/1/06 and ends 4/10/06. **Entries must be postmarked by 4/10/06 and received by 4/17/06.** Person submitting entry must be legal U.S. resident, 18 years or older. Void where prohibited. Sponsor: Meredith Corporation, Des Moines, Iowa. For official rules, go to *www.lhj.com/stylemakeover*.

Mail to: *Ladies' Home Journal* Family Style Makeover Contest, 125 Park Avenue, 20th floor, New York, NY 10017

Name: _____

Address: _____

_____

Daytime telephone: _____

Age: ____ **E-mail address:** _____

Occupation: _____

If married, husband's name, age, occupation: _____

_____

If children, names and ages: _____

_____

ASK THE BEAUTY DIRECTOR



Beauty Director Patricia Reynoso

Q: [illegible] haven't [illegible] won't [illegible]

—[illegible]

A: Thinning [illegible] a hea[illegible] of incorrect t[illegible] genetics. Der[illegible] associate clinical professor of dermatology at UCLA, recommends applying Rogaine to stimulate hair growth in that area. (Be careful not to get it in your eyes.) Meanwhile, fake great-looking brows with a brow-grooming kit that includes stencils for determining your eyebrow shape, powder to fill in the color and [illegible] to set it all in place. (We like ModelCo Eyebrow Designer Brow Kit, $26.)

LHJ.com **To ask Beauty Director Patricia Reynoso a question, go to www.lhj.com/askbeauty**

VLHJ.COM



Perfect Cover

For her role as the take-no-prisoner press secretary on *Commander in Chief*, Ever Carradine's skin must be flawless. Find out how she gets that pretty, polished look

True (beauty) confession: "I love my freckles! Some people laser them off but I would never do that. They make me who I am."

On the set: "The makeup needs to be as professional as m character is, but we try to keep it light. I also love a few false eyelashes on the outer corner of my eyes. It's a way t look beautiful and made-up without being heavy-handed."



And when she's not working: "Usually it's just lip gloss, blush and some mascara."

Words of beauty wisdom: "It's really about keeping your skin healthy, protecting it from the sun, getting facials and not smoking. Then you can get away with wearing less makeup."

Perfect Your Complexion

When your skin is in great shape people won't notice whether you're wearing makeup, just that you're looking great. Here's the way to do it, in four easy steps. **Step 1:** Moisturize your skin before applying makeup. Try Clean & Clear Oxygenating Ultra-Light Moisturizer with SPF 15, $6.99. **Step 2:** Lighten dark circles by swiping concealer, such as Prescriptives Flawless Skin Total Protection Concealer, $22, under eyes. With your ring finger, gently blend up to the lash line and inner corners of the eye. **Step 3:** Dot foundation, such as Revlon ColorStay Active Makeup, $12.99, over your face and blend, ideally with a foundation brush. **Step 4:** Finish with a light dusting of powder, such as Elizabeth Arden Flawless Finish Loose Powder, $22, with a makeup puff. Sweep away the excess with a large brush.

—Patricia Reyno

Where to Find It, page 202


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volutionary results.
EVITALIFT
OUBLE LIFTING
e Re-Tightening Gel + Anti-Wrinkle Treatment
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retightens skin instantly
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Starts reducing wrinkles immediately
with Nano-pulses of Pro-Retinol A
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PARIS
BECAUSE YOU'RE WORTH IT.



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high blood pressure matters more than you know.

It's always with you, even on those days you seem to feel okay. And high blood pressure can make your heart work harder than it should. That's why it's such a big deal—just ask your doctor.

You need to exercise, eat healthy, and take your TOPROL-XL—not just most days, but every day.

As long as you keep taking it, TOPROL-XL works to help you manage your blood pressure—throughout the day. And yes, that means every day.

Important information you should know about TOPROL-XL (by prescription only)

TOPROL-XL is used to treat high blood pressure. It's good to know the medicine you're taking, so talk to your doctor about high blood pressure and TOPROL-XL.

TOPROL-XL is not right for everyone, especially people who have the following health conditions.

- Extreme slowing of the heart rate (severe bradycardia)
- Sudden and severe drop in the blood pressure and blood flow through the body because the heart is not pumping normally (cardiogenic shock)
- Uncontrolled heart failure
- Slowdown of the heart's electrical signal causing a slower heart rate (specifically, second- or third-degree heart block)
- Damage to the heart's natural pacemaker that affects the heart's rhythm (unless a pacemaker device is in the body) (sick sinus syndrome)
- Any allergies to TOPROL-XL or its ingredients

Please see adjacent page for a brief summary of full Prescribing Information.

It is important to take your medications every day as directed by your doctor.

Patients should not stop taking TOPROL-XL suddenly because of the possibility of serious side effects, such as chest pain or a heart attack. If your doctor decides you should stop taking TOPROL-XL, your doctor or health care provider may instruct you to slowly reduce your dose over a period of time before stopping it completely.

In some patients, TOPROL-XL should be used with caution: Those with asthma or asthma-like lung disease; taking certain calcium channel blockers; have diabetes; overactive thyroid disease; hardening or constriction of the arteries in the arms or legs; or those planning to have surgery.

Until you know how you will react to TOPROL-XL, avoid activities that require alertness.

The most common side effects reported by patients in clinical trials were tiredness, dizziness, depression, diarrhea, itching or rash, shortness of breath, and slow heart rate. If you experience any of these or other side effects, contact your doctor.

Need answers? Contact AstraZeneca

Visit TOPROL-XL.com/ad or call 877-564-6442

- Find more information on TOPROL-XL
- Join Heart Horizons, a free support program with helpful tips, special offers, and information for people who take TOPROL-XL
- Learn how we may be able to help if you do not have prescription coverage and cannot afford your medicines

TAKE IT. SERIOUSLY.



TOPROL-XL
(metoprolol succinate)
extended-release tablets

AstraZeneca

Please read this summary carefully and then ask your doctor about TOPROL-XL. Do not stop treatment without first talking with your doctor. No advertisement can provide all the information needed to determine it a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

ONCE-A-DAY

TOPROL-XL®

(metoprolol succinate) extended-release tablets 25 mg 50 mg 100 mg 200 mg

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

Hypertension: TOPROL-XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents. **Angino Pectoris:** TOPROL-XL is indicated in the long-term treatment of angina pectoris. **Heart Foilure:** TOPROL-XL is indicated for the treatment of stable symptomatic NYHA class II or III heart failure of ischemic, hypertensive or cardiomyopathic origin. It was studied in patients already receiving ACE inhibitors, diuretics and in the majority of cases, digitalis. In this population, TOPROL-XL decreased the rate of mortality, hospitalization (all causes, largely through a reduction in cardiovascular mortality and hospitalization for heart failure).

CONTRAINDICATIONS

TOPROL-XL is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless a permanent pacemaker is in place), and in patients who are hypersensitive to this product.

WARNINGS

Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and in some cases myocardial infarction have occurred in patients with ischemic heart disease. When discontinuing chronically administered TOPROL-XL, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1–2 weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, TOPROL-XL administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be considered. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent to discontinue TOPROL-XL therapy abruptly even in patients treated only for hypertension.

Bronchospastic Diseases: PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA-BLOCKERS. Because of its relative beta, selectivity however, TOPROL-XL may be used with caution in patients with bronchospastic disease who do not respond to, or cannot tolerate, other antihypertensive treatment. Since beta, selectivity is not absolute, a beta-stimulating agent should be administered concomitantly and the lowest possible dose of TOPROL-XL should be used (see DOSAGE AND ADMINISTRATION). *Major Surgery*: The advisability of withdrawing beta-blocking therapy prior to major surgery is controversial. The impaired ability of the heart to respond to reflex adrenergic stimulation may augment the risks of general anesthesia and surgical procedures. TOPROL-XL, like other beta-blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, e.g., dobutamine or isoproterenol. However, such patients may have an exaggerated response to catecholamines. Difficulty in restarting and maintaining cardiac stimulation has been reported with beta-blockers. *Diabetes and Hypoglycemia*: Beta-blockers should be used with caution in diabetic patients if a beta-blocking agent is required. Beta-blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. *Thyrotoxicosis*: Beta-adrenergic blockade may mask certain clinical signs (eg, tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-blockade, which might precipitate a thyroid storm. *Peripheral Vascular Disease*: Beta-blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals. *Calcium Channel Blockers*: Concomitant use of calcium channel blockers, especially those with negative effects on heart rate, is preferable with TOPROL-XL. Patients treated with beta-blockers and calcium channel blockers of the verapamil and diltiazem type should be closely observed with their dosages not changed.

PRECAUTIONS

General: TOPROL-XL is not recommended for use in patients with severe impairment of hepatic function. Caution should be used in administering TOPROL-XL to patients receiving a catecholamine-depleting drug, such as reserpine, because the added sympathetic nervous system control may be harmful. Patients with a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction. Patients with symptoms of peripheral circulatory disorders should be treated with caution. Initial dosage should be reduced in patients with severe renal impairment. Periodic assessment of renal and hepatic function and blood counts should be advised. TOPROL-XL should not be withdrawn abruptly but should be reduced gradually over a period of 1–2 weeks. Myocardial ischemia and infarction, and ventricular arrhythmias have been reported following too rapid withdrawal of beta-blockade. Patients should be warned that dizziness, lightheadedness, or fainting may occur during initial therapy. If these symptoms occur, diuretics should be reduced or discontinued, and the dose of TOPROL-XL should be withheld until initial tolerance is established. If bradycardia develops, it may be necessary to lower the dose of TOPROL-XL or discontinue it. Such episodes do not preclude subsequent careful dose titration with TOPROL-XL. **Information for Patients:** Patients should be told to take TOPROL-XL tablets whole with liquid and preferably with food. Patients should be told that they should not abruptly stop or discontinue TOPROL-XL. Patients should be advised (1) to consult with their physician before taking other medications with TOPROL-XL, (2) to report any new symptoms, and (3) to avoid operating automobiles and machinery or performing other tasks requiring alertness until the patient's response to TOPROL-XL has been determined. Contact lens wearers should be told that reduced lacrimation may occur during treatment with beta-blockers. **Laboratory Tests:** In clinical trials, routine periodic laboratory tests were performed, but specific laboratory tests were not mandated. Elevated levels of transaminase and alkaline phosphatase have been observed rarely in patients receiving TOPROL-XL. **Drug Interactions:** Catecholamine-depleting drugs, such as reserpine or monoamine oxidase (MAO) inhibitors, may have an additive effect when given with beta-blocking agents. Patients treated with a combination of TOPROL-XL and a MAO inhibitor should be closely observed for excessive reduction of heart rate or blood pressure. Therefore, the concomitant administration of TOPROL-XL and MAO inhibitors is not recommended. Concomitant administration of TOPROL-XL and drugs which may decrease the activity of CYP2D6 has the potential for increasing the systemic exposure to metoprolol. Quinidine, fluoxetine, and propafenone have been shown to increase the plasma metoprolol concentration in healthy subjects who are extensive metabolizers of CYP2D6 (the genetic type). Coadministration of TOPROL-XL and drugs that are inhibitors of CYP2D6 may require lower dosage of TOPROL-XL than usually prescribed. Fluoxetine increased the concentration of S-metoprolol, but not R-metoprolol, in extensive metabolizers. In a study in poor metabolizers of CYP2D6 (the genetic type) with cardiovascular disease, fluoxetine did not further increase the already high steady-state concentrations of metoprolol. Coadministration of TOPROL-XL with propafenone can increase the steady-state concentration of metoprolol and decrease the cardioselectivity of metoprolol. Concomitant administration of TOPROL-XL and clonidine may increase the blood pressure lowering effect. Clonidine should be withdrawn several days before the gradual withdrawal of clonidine if replacing clonidine by beta-blocker therapy. The introduction of beta-blockers should be delayed for several days after clonidine administration has stopped. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term studies in animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies in rats at three oral dosage levels of up to 800 mg/kg/day (41 times on a mg/m^2 basis, the daily dose of 200 mg for a 60-kg patient), there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug related were an increased incidence of generally mild focal accumulation of foamy macrophages in pulmonary alveoli and a slight increase in biliary hyperplasia. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 750 mg/kg/day (18 times on a mg/m^2 basis, the daily dose of 200 mg for a 60-kg patient), benign lung tumors (small adenomas) occurred more frequently in female mice receiving the highest dose than in untreated control animals. There was no increase in malignant or total (benign plus malignant) lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice, and no statistically or biologically significant differences were observed between treated and control mice of either sex, for any type of tumor. All genotoxicity tests performed on metoprolol tartrate (a dominant lethal study in mice, chromosome studies in somatic cells, a *Salmonella*/mammalian-microsome mutagenicity test, and a nucleus anomaly test in somatic interphase nuclei) and metoprolol succinate (a *Salmonella*/mammalian-microsome mutagenicity test) were negative. No evidence of impaired fertility due to metoprolol tartrate was observed in a study performed in rats at doses up to 22 times, on a mg/m^2 basis, the daily dose of 200 mg in a 60-kg patient. **Pregnancy Category C:** Metoprolol tartrate has been shown to increase post-implantation loss and decrease neonatal survival in rats at doses up to 22 times, on a mg/m^2 basis, the daily dose of 200 mg in a 60-kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** Metoprolol is excreted in breast milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when TOPROL-XL is administered to a nursing woman. **Pediotric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriotric Use:** Clinical studies of TOPROL-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1 990 patients with heart failure randomized to TOPROL-XL in the MERIT-HF trial, 50% (990) were 65 years of age and older and 12% (238) were 75 years of age and older. There were no notable differences in efficacy or the rate of adverse events between older and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal, or cardiac function and of concomitant disease or other drug therapy. **Risk of Anophylactic Reactions:** While taking beta-blockers, patients with a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

ADVERSE REACTIONS

Hypertension and Angino: Most adverse effects have been mild and transient. The following adverse reactions have been reported for immediate release metoprolol tartrate. *Central Nervous System*: Tiredness and dizziness have occurred in about 10 of 100 patients. Depression has been reported in about 5 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, somnolence, nightmares, and insomnia have also been reported. *Cardiovascular*: Shortness of breath and bradycardia have occurred in approximately 3 of 100 patients. Cold extremities, arterial insufficiency, usually of the Raynaud type, palpitations, congestive heart failure, peripheral edema, syncope, chest pain, and hypotension have been reported in about 1 of 100 patients (see CONTRAINDICATIONS, WARNINGS and PRECAUTIONS). *Respiratory*: Wheezing (bronchospasm) and dyspnea have been reported in about 1 of 100 patients (see WARNINGS). *Gastrointestinal*: Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, digestive tract disorders, and heartburn have been reported in about 1 of 100 patients. *Hypersensitive Reactions*: Pruritus or rash have occurred in about 5 of 100 patients. Worsening of psoriasis has also been reported. *Miscellaneous*: Peyronie's disease has been reported in fewer than 1 of 100,000 patients. Musculoskeletal pain, blurred vision, decreased libido and tinnitus have also been reported. There have been rare reports of reversible alopecia, agranulocytosis, and dry eyes. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. The oculomucocutaneous syndrome associated with the beta-blocker practolol has not been reported with metoprolol. **Potentiol Adverse Reactions:** In addition, there are a variety of adverse reactions, not listed above, which have been reported with other beta-adrenergic blocking agents and should be considered potential adverse reactions to TOPROL-XL. *Central Nervous System*: Reversible mental depression progressing to catatonia; an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. *Cardiovascular*: Intensification of AV block (see CONTRAINDICATIONS). *Hematologic*: Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura. *Hypersensitive Reactions*: Fever combined with aching and sore throat, laryngospasm, and respiratory distress. **Heart Foilure:** In the MERIT-HF study, serious adverse events and adverse events leading to discontinuation of study medication were systematically collected. In the MERIT-HF study comparing TOPROL-XL in daily doses up to 200 mg (mean dose 159 mg once-daily) (n=1990) to placebo (n=2001), 10.3% of TOPROL-XL patients discontinued for adverse events vs 12.2% of placebo patients. The table below lists adverse events in the MERIT-HF study that occurred at an incidence of equal to or greater than 1% in the TOPROL-XL group and greater than placebo by more than 0.5%, regardless of the assessment of causality.

Adverse Events Occurring in the MERIT-HF Study at an Incidence ≥1% in the TOPROL-XL Group and Greater Than Placebo by More Than 0.5%

	TOPROL-XL N=1990 % of patients	Placebo N=2001 % of patients
Dizziness/vertigo	1.8	1.0
Bradycardia	1.5	0.4
Accident and/or injury	1.4	0.8

Other adverse events with an incidence of > 1% on TOPROL-XL and as or more frequently than placebo (within 0.5%) included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disease, ventricular tachycardia/arrhythmia aggravated, hypotension, diabetes mellitus, diabetes mellitus aggravated, abdominal pain, and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported with TOPROL-XL in worldwide post-marketing use, regardless of causality: *Cardiovascular*: 2nd degree heart block; *Gastrointestinal*: hepatitis, vomiting; *Hematologic*: thrombocytopenia; *Musculoskeletal*: arthralgia; *Nervous System/Psychiatric*: anxiety/nervousness, hallucinations, paresthesia; *Reproductive, male*: impotence; *Skin*: increased photosensitivity, urticaria; *Special Sense Organs*: taste disturbances.

OVERDOSAGE

Acute Toxicity: There have been a few reports of overdosage with TOPROL-XL, but no specific overdosage information was obtained with this drug with the exception of animal toxicology data. However, since TOPROL-XL (metoprolol succinate) contains the same active moiety metoprolol as conventional metoprolol tablets (metoprolol tartrate salt), the recommendations on overdosage for metoprolol conventional tablets are applicable to TOPROL-XL. **Signs and Symptoms:** Overdosage with TOPROL-XL may lead to severe hypotension, sinus bradycardia, atrioventricular block, heart failure, cardiogenic shock, cardiac arrest, bronchospasm, impaired consciousness/coma, nausea, vomiting, and cyanosis. **Treatment:** In patients with acute or recent myocardial infarction or congestive heart failure, more hemodynamically unstable than other patients and should be treated accordingly. When possible the patient should be treated under intensive care conditions. On basis of the pharmacologic actions of metoprolol, the following general measures should be employed. ***Elimination of the Drug***: Gastric lavage should be performed. ***Bradycardia***: Atropine should be administered. If there is no response, beta-blockade isoproterenol should be administered cautiously. ***Hypotension***: A vasopressor should be administered, eg, levarterenol or dopamine. ***Bronchospasm***: A beta$_2$-stimulating agent and/or a theophylline derivative should be administered. ***Cardiac Failure***: A digitalis glycoside and diuretics should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol or glucagon may be considered.

DOSAGE AND ADMINISTRATION

TOPROL-XL is an extended release tablet intended for once daily administration in the treatment of hypertension and angina, when switching from immediate release metoprolol to TOPROL-XL, the same total daily dose of TOPROL-XL should be used. Dosages of TOPROL-XL should be individualized and titration may be needed in some patients. TOPROL-XL tablets are scored and can be divided, however, the whole tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 25 to 100 mg daily in a single dose, whether used alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until the blood pressure reduction is achieved. In general, the maximum effect of any dosage level will be apparent after 1 week of therapy. Dosages above 400 mg per day have not been studied. **Angino Pectoris:** The dosage of TOPROL-XL must be individualized. The usual initial dosage is 100 mg daily, given in a single dose. The dosage may be gradually increased at weekly intervals until optimum clinical response has been obtained or there is a pronounced slowing of the heart rate. Dosages above 400 mg per day have not been studied. If treatment is to be discontinued, it should be reduced gradually over a period of 1–2 weeks (see WARNINGS). **Heart Foilure:** Dosage must be individualized and closely monitored during titration. Prior to initiation of TOPROL-XL, the dosing of diuretics, ACE inhibitors, and digitalis (if used) should be stabilized. The recommended starting dose of TOPROL-XL is 25 mg once daily for two weeks in patients with NYHA class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every two weeks to the highest dosage level tolerated by the patient or up to 200 mg of TOPROL-XL. If transient worsening of heart failure occurs, it may be treated by increased doses of diuretics, and it may also be necessary to lower the dose of TOPROL-XL or temporarily discontinue it. The dose of TOPROL-XL should be increased until symptoms of worsening heart failure have been stabilized. The difficulty with titration should not preclude later attempts to introduce TOPROL-XL. If heart failure patients experience symptomatic bradycardia, the dose of TOPROL-XL should be reduced.

HOW SUPPLIED

Tablets containing metoprolol succinate equivalent to the indicated weight of metoprolol tartrate, USP are white, biconvex, film-coated, and scored.

Tablet	Shape	Engraving	Bottle of 100 NDC 0186-	Unit Dose Package NDC 0186-
25 mg*	Oval	A / 11	1088-05	1088-11
50 mg	Round	A / mo	1090-05	1090-11
100 mg	Round	A / ms	1092-05	1092-11
200 mg	Oval	A / my	1094-05	1094-11

*The 25-mg tablet is scored on both sides.

Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F). (See USP Controlled Room Temperature.)

NOTE: This summary provides important information about TOPROL-XL. For more information, please ask your doctor or health care professional about TOPROL-XL. Prescribing Information and discuss it with them.

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Manufactured for: AstraZeneca LP
Wilmington, DE 19850

By: AstraZeneca AB
S-151 85 Sodertalje, Sweden

Made in Sweden

30015-01
Rev 02/05 234770

AstraZeneca

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IS HE THE ONE



ure he's a plumber. But is he THE lumber? Use this guide to decide.

HE IS / HE ISN'T

When he arrives at your door...

He Is If he looks professional.

He Isn't If you can tell he had a chilidog for lunch.

When he enters your home...

He Is If he puts shoe covers on to protect your carpet and floors.

He Isn't If he gives you the number of a carpet cleaner and says, "You'll be needing this."

When you ask for an estimate...

He Is If he hands you a pricing menu that shows what every repair will cost

He Isn't If he says, "How about a guesstimate instead?

When he finishes the job...

He Is If he leaves the area as clean as when he arrived

He Isn't If he glances around the room and says, "Looks like you're the only one who has a job to do."



When you ask for an explanation of the problem...

He Is If he gives you a clear, concise explanation

He Isn't If he says he'll need to study it for a week before answering any questions.

"SAY WHAT?"

Things you never want to hear your plumber say.

- "I didn't know that was on the bottom of my shoe."
- "You don't need hot water for the next week or two do you?"
- "Wow. My estimates aren't usually this far off."
- "Holes or not, it's still my lucky shirt."

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Mr. Rooter™ PLUMBING

From Hair... To *There*

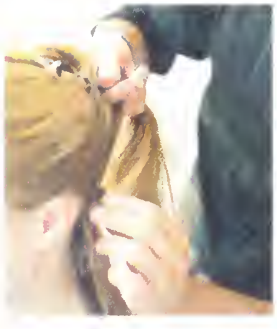
Add length and *va va* volume with hair extensions. Celebrity stylist Ken Paves shows you how





Have you ever longed for an easy hairstyle change, one that would jazz up your look instantly without months of waiting for your hair to grow? Celebrities feel the same way. That's why they rely on their hairstylists to constantly deliver new looks. How do stylists do it? With hair extensions and hairpieces. And now the rest of us can afford them. "Extensions let you test-drive a look without commitment by instantly adding length, thickness and texture to your natural hair style," says Ken Paves, celebrity stylist and creator of the Paves Professional hair-

CONTINUED



1 ADD INCHES

First, Paves swept the model's hair into a half ponytail and clipped it from the rest of her hair. He then parted the remaining hair lengthwise and attached a 1½-inch weft from the Just Gorgeous Human Hair Clip-In Extensions kit ($22), near the [illegible] ear. Bringing the other side



2 BUILD BODY

Next, Paves lifted a small section of hair from underneath the ponytail and attached a 1½-inch weft directly beneath it. Bringing the same small section of hair back over the extension, he then attached a second 1½-inch weft above it. This gave the hair more thickness and volume.



3 NATURAL TIE

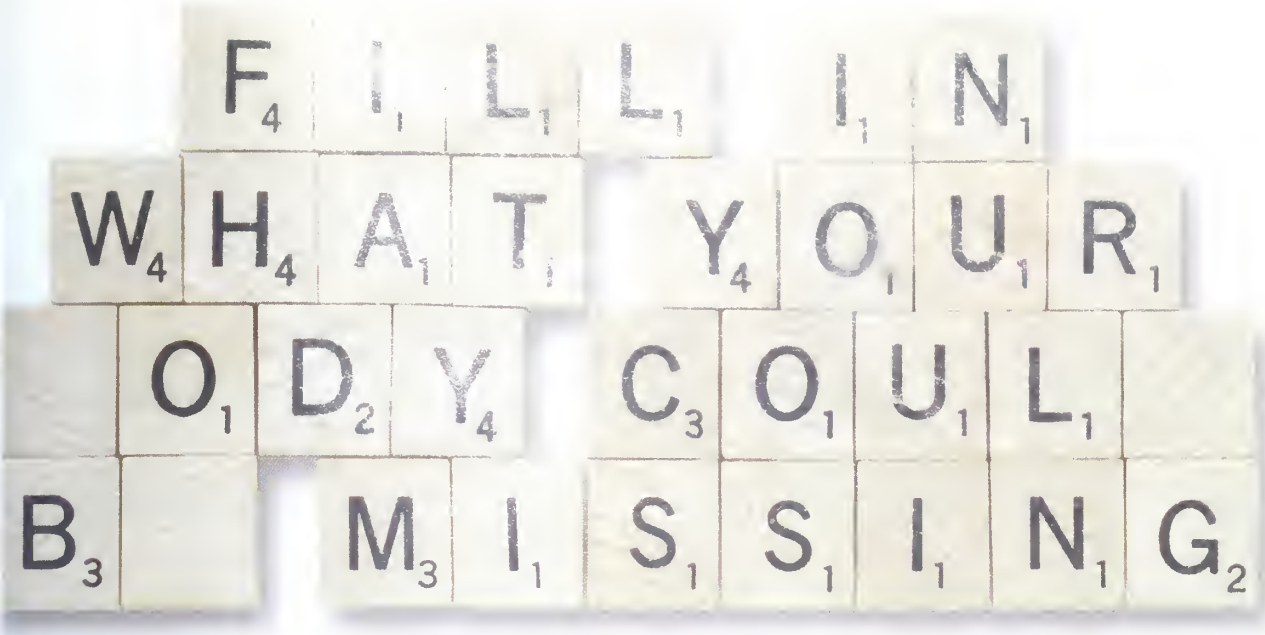
"It's important to incorporate pieces of your own hair as you style extensions to make them look natural," Paves told us as he took pieces of the model's hair and the extensions and curled them together. Hot tools can be used on human hair extensions but never on synthetic pieces.



4 LONG & LUSCIOUS

Finally, Paves attached a Long Curls Pin Up, $24 (or try Scunci 20 inch Curly Faux Hair Clip, $19.99), into the base of the ponytail, between the elastic and where the hair gathered. He fluffed out the piece with his fingers, then applied some hair spray to lock the style in place.

WWW.LHJ





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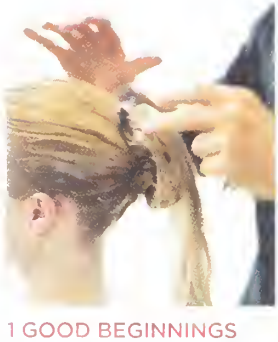
elegance and grace



care line. He's been using extensions for years to give stars such as Jessica Simpson and Eva Longoria sensational styles for photo shoots and red carpets. Now he's joined forces with Hair U Wear, makers of Put On Pieces, a collection of reusable hair extensions and clip-ons made from both real and synthetic hair. They are quick to apply, relatively affordable (natural hair extensions run $225 and up, synthetic pieces $20 and up), and come in a variety of natural-looking shades to match every hair color.

Here, Paves demonstrates two amazing looks, the first to add inches and thickness to your locks and the second to make a thin, limp bun full of volume and texture. Both are guaranteed to take your hairstyle from simply so-so to drop-dead whoa! *–Erica Metzger*

Where to Find It, page 202



1 GOOD BEGINNINGS

Paves teased the model's front pieces of hair to add lift at the crown. Then he pulled the hair back into a horizontal ponytail just above the ears. Next he twisted the hair around itself and pinned it into a bun. Then he attached a [illegible] clip to the base of the ponytail and covered the clip with the synthetic hair.



2 PERFECT PLACEMENT

Next Paves teased the extension a little to add some texture and make it easier to style. Then he brought the piece back over the top of the head and used a small clip to secure it about 2 inches above the bun, leaving about ¾ of the piece loose.



3 PLUMP IT UP

Paves pulled the loose piece back over the small clip so that it billowed over the clip. Then he pinned half of that hair on the right side above the bun, fanning it out so that the hairs evenly covered the space between the original bun and the small clip.



4 SMOOTH FINISH

Next Paves wrapped a small piece of the synthetic hair over to the other side, tucking and pinning the end pieces into the bottom of the original bun. He repeated this step with the remaining hair, pulling it over piece by piece, then using the handle of a pick to fluff up the pieces in the middle.

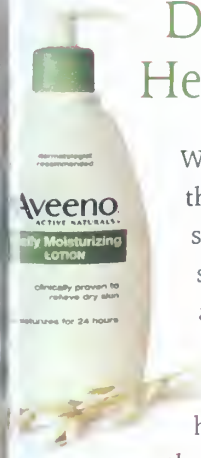
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THE BEAUTY BEAT

on daily skin care

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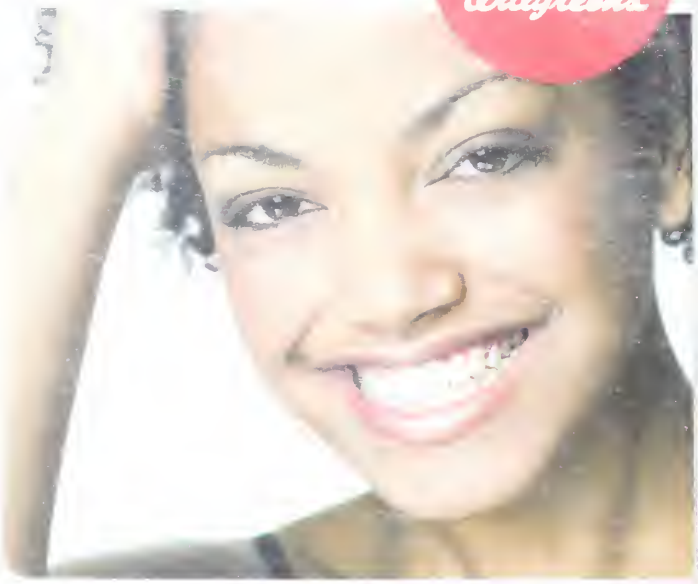
When you think of oats, one of the last things you probably think is how they soothe and promote healthy, beautiful skin that lasts. You should. They have a long history of being valued for skin care dating back to the Greeks and Romans who used oat baths to heal skin ailments. Treat yourself to the healing powers of oats.

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- When outside wear protective clothing and avoid over-exposure to the sun.



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THE BEAUTY BEAT

our skin solutions

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THE BEAUTY BEAT
on hair care

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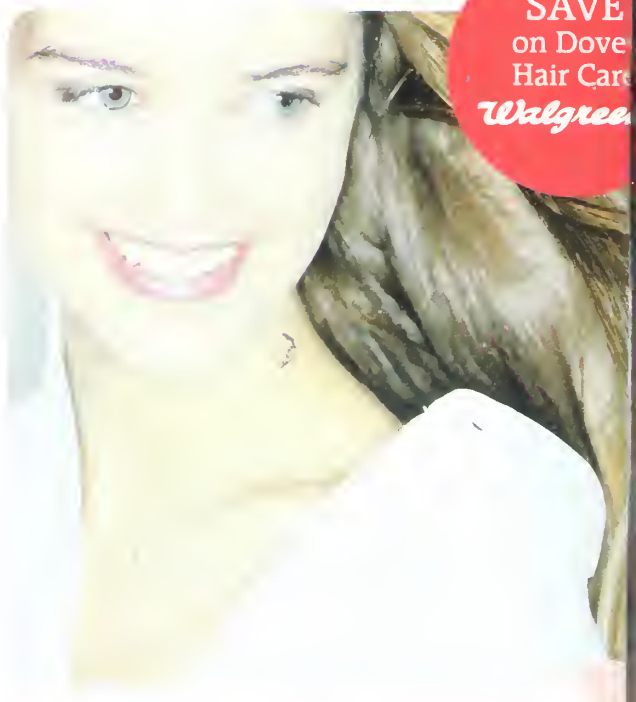
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Fiction: Hair should be so clean it squeaks.

Fact: More than two out of three women feel their hair is clean when it squeaks. Truth is, some of the oils found in hair are good for its health. They help protect it from damaging factors such as sun, wind and heat styling. That's why squeaky-clean hair is bad. It can mean hair is stripped of its natural oils.

Fiction: Washing hair every day causes damage.

Fact: More than 60% of women do not wash their hair daily, choosing to go dirty rather than risk damaging their precious tresses. New Dove® Shampoos are a better way to wash hair daily because they clean without stripping hair of the "good stuff" essential proteins and moisturizers.



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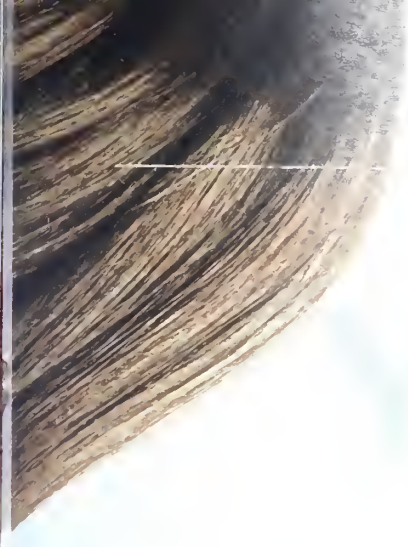
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YOUR HAIR IS TOO CLEAN



Dove

THE BEAUTY BEAT
on hair color

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Getting a refreshingly authentic style, with natural-looking haircolor is simple with **Nice 'n Easy**.® One all-over application with **Nice 'n Easy**® gives you beautiful, natural-looking hair color infused with highlights for up to 6 weeks plus 100% gray coverage. Color**Seal**™ **Technology** is the key!

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Get the BEAT on Your Hair Color

Before You Color...
Know the Rules

To help you get started, follow these simple rules from Clairol:

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Determine your natural haircolor. If you've colored before, focus only on the new growth.

Trying to decide on a haircolor?

Flip through magazines to spot colors you like that might be good for you. Be sure to use the helpful shade chart on the side of every Nice 'n Easy carton to determine your best shade.

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Permanent (Level 3) Haircolor lasts until hair grows out, you cut your hair or want to try a new look.

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ColorSeal TECHNOLOGY

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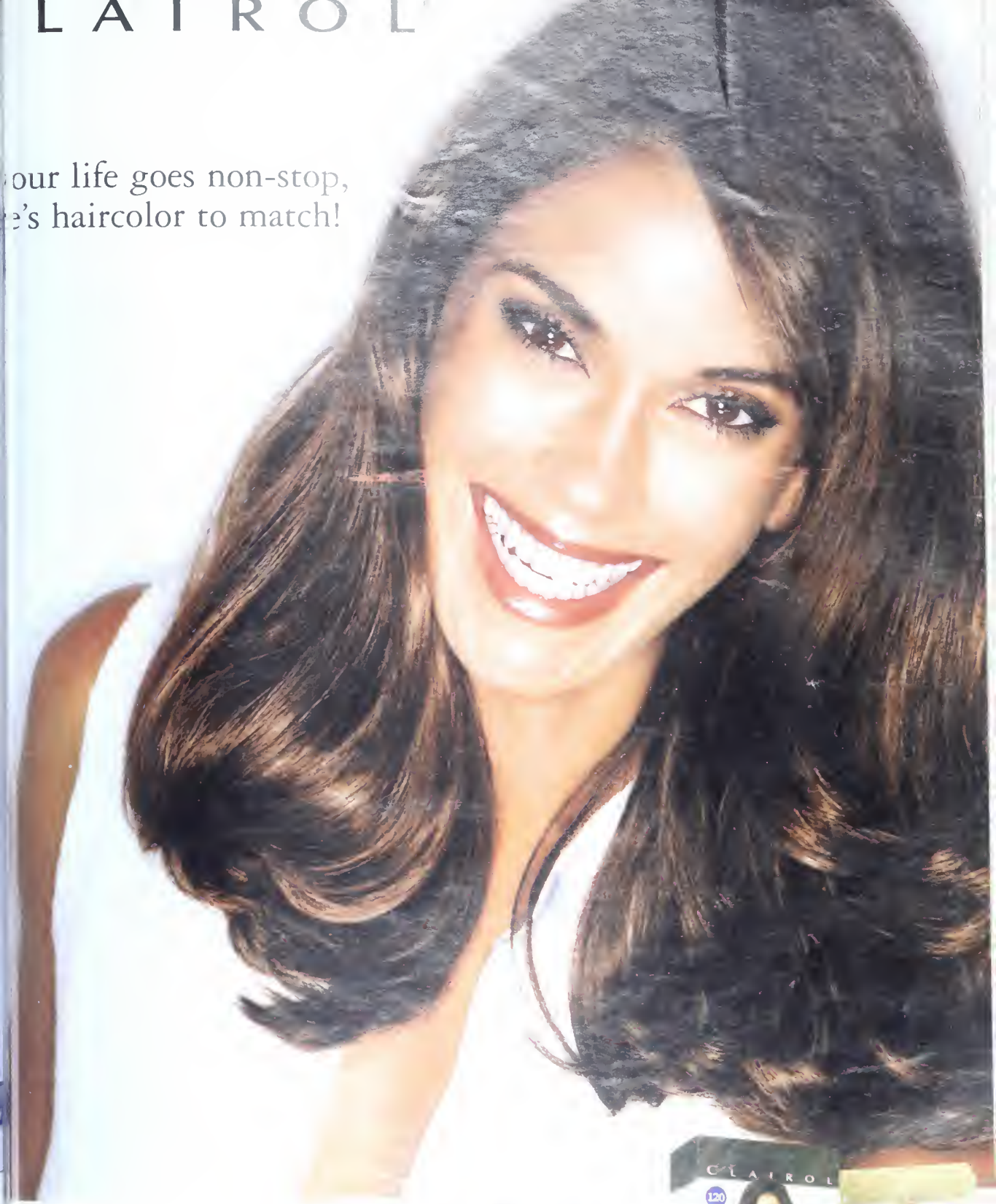
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15 BEAUTY BREAKTHROUGHS

Here, spring's smartest and prettiest innovations, including anti-aging foundations, stay-put shadows and good-for-you lipsticks

PHOTOGRAPHED BY FERNANDO MILANI PRODUCED BY CARLA ENGLER



1

Splash Lids With Refreshing Color. Indulge in a little springtime fun with a swipe of blue (or purple or green) shadow. Thanks to new technologies that compress even more pigments into eye shadow, it's a breeze to pick a shade that looks exactly the same on your skin as it does on the package. Of course, moderation is key, so blend, blend, blend and keep the rest of your makeup demure. **Find It in:** Lancôme Color Design Sensational Effects Eye Shadow, $14.50, has a formula that contains 60 percent pure pigments, resulting in fantastically intense color.

Go Ultra-Sheer fo
like makeup at all, especially
he's just gone for a brisk jog?
cream and liquid blushes.
for an
Find It in: Vin
mo

The most modern makeup shouldn't look
who doesn't want to look as though
try the new ultra-sheer—but not invisible—
your cheeks with your fingers or,
nylon bristled brush.
made up of water and
natural finish.



3

Help Makeup Stay Beautifully Put With Primers. Applying makeup is not that different from painting a picture—both benefit from a smooth surface. Ready your picture-perfect canvas with one of the new makeup primers, which now glide on more smoothly and fill in lines, too. The result is so even that you can skip foundation altogether when the mood strikes. **Find It in:** Lumene Beauty Base Face Makeup Base, $9.99, melts into your skin but keeps the rest of your makeup perfectly right.

4

Perfect Your Complexion and Improve Your Skin. Who doesn't love a multitasking beauty product, especially one that helps your skin look better while actually making it better? That's what you'll get with the most exciting new foundation formulas this spring, which perform myriad skin-perfecting feats: treating acne, fighting lines and wrinkles and offering superior hydration—all while making your skin look naturally flawless. Sign us up! **Find It in:** Maybelline New York PURE Foundation, $6.25, is oil-free (so it's ideal for acne-prone skin) and contains sunscreen, soothing vitamin E, aloe and chamomile.



5

Feed Your Lips. Suddenly the idea of putting on a lipstick that only adds color seems so old-fashioned, especially when the best new lipsticks do so much more. This spring, reach for lipsticks that are loaded with softening and hydrating ingredients, resulting in lips that are incredibly soft, feel comfortable and look oh so kissable. You might even love the results enough to ditch your trusty old lip balm. **Find It in:** Origins Flower Fusion Hydrating Lip Color, $15, is made from a botanical wax that protects flowers from dehydrating in harsh climates. You'll love the scent of this lipstick, too!



6

Dip Into a Foundation That Adapts to Your Skin Tone. Sounds like something out of a glamorous sci-fi movie, but it's true—choosing your ideal foundation shade has become much simpler, thanks to new formulas that boast color-adapting technology that blend into a range of skin tones. They also offer the ideal amount of coverage: sheer enough to look like real skin, only better. **Find It in:** Almay Smart Shade Makeup, $13.99, comes in just three shades (Light, Light/Medium and Medium) yet works on everyone. We love how it's initially colorless, yet after blending onto your skin, transforms into your perfect hue.



7

End Ring-Around-the-Lip Lines. Few beauty products ignite as much debate as lip liner. (Our take: Liners are practical but woefully misused.) Well, the solution has arrived in the form of sheer lip liners that contain just enough pigment to give shape to your lips without ever looking garish. **Find It in:** Rimmel Vinyl Jelly Gloss Lip Liner, $4.25, is a gel-based formula that is shiny enough to be worn on its own.





8

Pump Up Your Pout. Now you can get the rich color you love plus a bit of lift. Some formulas work with traditional plumping ingredients (such as MaxiLip, widely used in many plumpers to stimulate collagen and [illegible] ration); others [illegible] ring comple[illegible] lips retain [illegible] giving th[illegible] of more [illegible] Go ahead, swi[illegible] **Find It in:** Cove[illegible] IncrediFULL Lip [illegible] $6.49, is chock-full of hydrating ingredients, such as glycerin, as well as a Vita-Collagen complex that works instantly to improve the health and appearance of lips



9

Enjoy Super-Shiny Lips Minus the Stickiness.

when it seems as though lip
could not be improved,
pretty new versions
your lips with loads
and tiny iridescent
effect is almost
elegantly lights
Wear a gloss
just a dab
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10

Longer More Dramatic Lashes in One Swoop

Pretty much every woman has a love affair with her mascara–for good reason. That little tube offers so much promise, glamour and mystery. This spring, prepare to be dazzled by new formulas that deliver natural, separated-looking lashes. The secret behind this sexy fringe lies in the innovative wands and lash-building polymers.

Find It in: Cover Girl LashExact Mascara, $6.99, has made clumps a thing of the past thanks to its wireless brush with flexible bristles, which deposits color evenly and precisely.



11

Take Color Control With Intense New Eyeliners. We love the combination of black eyeliner (on the top lash, seen at right), paired with more sheer spring colors on the rest of the eye. Now, thanks to the new eyeliners—which flaunt super-skinny barrels that make it a cinch to navigate around the lash line as well as richly pigmented tips—you can get this dramatic look without expert help.
Find It in: Physicians Formula Eye Definer Felt Tip Eye Marker, $6.95, offers the boldness of a liquid and the control of a pen.

12

Deflate Puffy Eyes, Soften Crow's-Feet and Deflect Dark Circles. As if there weren't already enough to love about concealer, along come exciting new options that match the skin benefits of an eye cream. Pesky eye-area issues like fine lines, puffiness and dark circles aren't just being covered up with these wonders but are actually being improved by powerhouse repairers—GABA, botanicals and peptides, to name a few—contained within these creamy concealers.
Find It in: Clinique All About Eyes Concealer, $15.50, features the same peptide complex that lessens under-eye puffiness found in the brand's eye cream.

13



Improve Your Skin on the Go. Just as every woman's face is different, so too are the little imperfections that keep her complexion from looking its glowing best. This is why we love the new foundation and concealer kits that offer complete coverage—from concealer to correctors in a range of shades that can be blended to fit all your skin's needs—all in one teeny and portable compact.
Find It in: N.Y.C. New York Color Perfect & Reflect Complete Foundation Kit, $3.99, delivers all your cover-up basics, including a primer, concealer, highlighter and green or yellow correctors for dark under-eye circles.

14

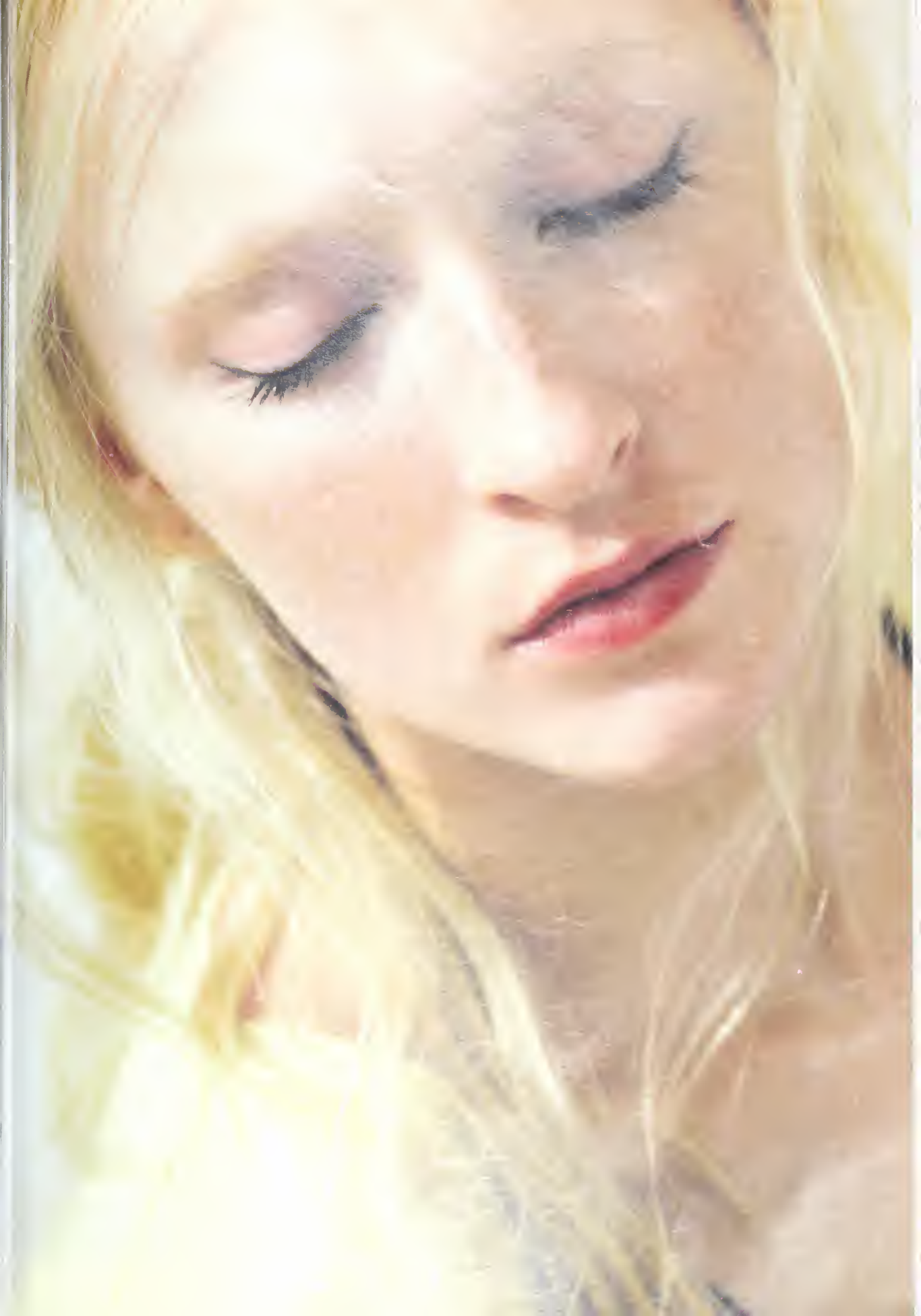
Make Your Eyes Gleam With the New Creamy Neutral Shadows. This spring, creamy gold shadow is the new neutral shade to own. That's because gold, from the palest yellow to a rose-tinged version, flatters all complexions and every eye and hair color. And when done up in a creamy texture, the result is even better. You'll love how easy it is to blend with just your fingers, right on your eyelids. Pair it with mascara, rosy blush and a swipe of lip gloss and you're all set to enjoy your day.
Find It in: Mark Toute Sweet Whipped Cream Eyeshadow, $6, has the yummy texture of a light-as-air mousse—the teeniest dab will do.



15

Fake the Look of Radiant Skin With Illuminating Pens. If your goal is to make your skin look 10 times better than it actually does (it's surely ours!), then you must own an illuminating pen. This makeup artist favorite camouflages like a concealer, but because it's tinged with gold or rose flecks, it also adds a touch of face-flatterin highlights. Simply dab it on, precisely where you want to attract attention: the high point of your cheekbones, right under your brow and even at your cupid's bow to give the illusion of a fuller pout.
Find It in: MK Signature Facial Highlighting Pen, $18, comes in four shades and is slim enough for even the smallest handbag.

Where to Find It, page 202



WHEN *White* IS RIGHT

WHETHER IT'S ON A BLOUSE, BAG, NECKLACE OR WATCH, WHITE IS SPRING'S MUST-HAVE COLOR



1 This flat-disc wooden necklace will stand out whether it's worn with dark or light colors. Necklace, Stephan & Co., $22.

2 A white blouse is *the* piece of the season, and this one doesn't disappoint with its fitted bodice and graceful neckline. Blouse, JLO by Jennifer Lopez, $59.

3 This sporty watch with leather strap contributes a bold splash of white as an everyday accessory. Watch, DKNY, $125.

4 The newest shape in bags is this flap-front, slouchy shoulder style. Bag, Banana Republic, $198.

5 Even the stacked heel gets whitewashed in these chunky leather sandals. Shoes, Banana Republic, $128.

6 Try white with these sport-inspired shades, a modern take on the classic aviator style. Sunglasses, Vogue, $124.

7 Add serious style to a dress or jacket with this wide white woven belt. Belt, Avignon, $100.

CONTINUED ON PAGE 70



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1 A frayed-edge cotton jacket looks great with jeans or even dressed up with a blouse and pants for the office. Jacket, Laundry by Shelli Segal, $228.

2 This skinny chain-link and leather belt will add a touch of toughness to a more refined look. Belt, Lauren by Ralph Lauren, $68.

3 This satchel with buckles is actually faux leather, making it easy to clean. Bag, Nine West, $69.

4 Oversize sunglasses are hot for spring and at this price, you have to try them in big bold white. Sunglasses, Payless, $9.99.

5 Flat gladiator sandals are perfect when the warm weather hits; white makes these standbys look new. Shoes, BC Footwear, $50.

6 Jewelry is a great choice if you don't want to make a big white leap. Try these long resin beads for a fresh update. Necklace, Roxanne Assoulin for Lee Angel, $175.

Where to Find It, page 202

LOOK WHO WE'VE GOT OUR HANES ON NOW



THE BODY CREATIONS COLLECTION

Moves comfortably with your body to create beautiful curves. Gets rave reviews from Jennifer Love. Find a store at hanes.com.

Hanes®

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Energize your Monday-to-Friday look by adding specially detailed pieces with lots of built-in style

WORKDAY

PHOTOGRAPHED BY FABRICE TROMBERT WRITTEN AND STYLED BY CARLA ENGLER



Opposite page: Reflect confidence in a pleat-pocketed jacket that speaks for itself. Pairing it with navy trousers and a modern silver trench gets the job done. Jacket, Tevrow + Chase, $475. Sweater, Ann Taylor, $48. Pants, Kenneth Cole. Trench, Isaac Mizrahi for Target, $59.99. Bangle, Viktoria Hayman at Supplements NY, $75. Bag, Deux Lux, $210.

This page: In today's work world, an interesting blouse easily takes the place of a traditional jacket, providing authority all on its own. Blouse, Calvin Klein, $95. Trousers, Kenneth Cole Reaction, $79. Rounded bracelet, $62.50, square cuff, $72.50, both Viktoria Hayman at Supplements NY. Bag, Kenneth Cole, $295.

BEAUTY BONUS: Prep for your manicure with Creative Nail Design's Treatment kit, $19.99, which includes fast fixes for problem nails.





pposite page: Career paths
becoming more flexible, a
nd that is mirrored by the
ore feminine, fluid jacket
houettes that we see
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lebrate being a woman even
the job. Jacket, Bernardo,
48. Top, City Unltd., $69.
nts, Kenneth Cole Reaction,
9. Necklace, PONO by Joan
oodman. Bracelets, Roxanne
ssoulin for Lee Angel, $70
ch. Bag, MICHAEL by Michael
ors, $228.

his page: Good work is in the
etails, and this handsome
ilored band-collar navy blouse
nd safari skirt prove the rule.
he winning combination of
isp workday style and
teresting touches has me
ntten all over it. Blouse, $98,
irt, $68, shoes, $128, all
anana Republic. Cami, Parl
ogel, $41. Necklace, PONO by
oan Goodman. Bag,
hristopher Kon at Fragments.

EAUTY BONUS: Get your legs
eady for their spring debut
ith Molton Brown's Celestial
aracuja Sugar Polish, $55,
ith rosa mosqueta oil and raw
ugar which revitalize and
ghtly scent your

Where to Find It, page 202



This page: "Think outside the box" is today's business axiom. And it holds for fashion, too, where ruffles add feminine individuality to a tailored black cotton twill cardigan jacket and white twill pencil skirt. Don't forget that pieces with personality like these can always lend style to the simplest pair of jeans or any other casual look. Jacket, $265, skirt with belt, $150, both Cynthia Steffe. Shirt, Kenneth Cole, $60. Sunglasses, Vogue, $89. Bracelets, both PONO by Joan Goodman. Bag, Laundry by Shelli Segal Handbags, $198.

Opposite page: Fuller skirts, so popular last season, have slimmed down for spring without losing their ease, as these softly draped and pleated versions illustrate. That's why you don't need many accessories when the style elements are built right in—mix these skirts with soft blouses and toppers and you'll look just right, no matter what your day holds. Left: Skirt, Kenneth Cole, $170. Blouse Calvin Klein, $125. Raincoat, Agnès B. Fishnet tights, HUE, $11. Bag, Rafe. Bracelet, Bellissima for Moschitto Designs at Supplements NY, $20. Right: Skirt, Philippe Adec, $245. Blouse, Forth & Towne, $68. Jacket, City Unltd., $99. Sunglasses, Miu Miu, $139. Necklace, PONO by Joan Goodman. Bag, Kenneth Cole, $218.





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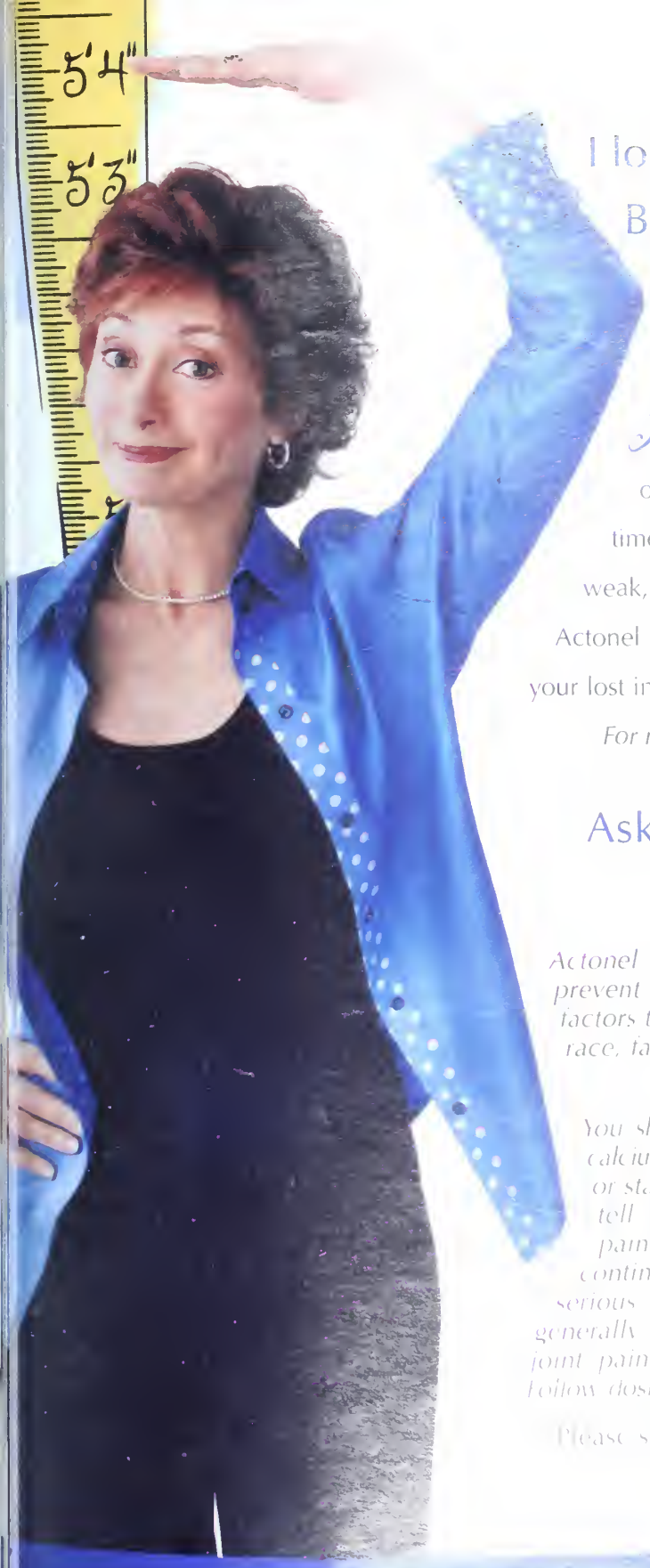
Parents of nerds, take heart: While your teen was home watching a Friday-night PBS special, the cool kids were probably doing something risky. Or so say researchers at USC and the University of Virginia, in Charlottesville. In two new studies, popular teens were found to be more susceptible to peer pressure and more likely to drink, smoke marijuana and cigarettes, shoplift and vandalize property than their less-popular counterparts. For example, 26 percent of popular kids have experimented with alcohol or marijuana by age 14, versus only 9 percent of the less popular.

These findings may seem counterintuitive, acknowledges head researcher Joseph P. Allen, Ph.D., psychology professor at Virginia. "We tend to think that being well liked provides a safety net," he says. The good news is that popular teens in both studies showed strong family attachments and a healthy sense of personal identity. "Popular kids are like politicians," Dr. Allen notes. "They look like leaders, but in reality they may only be tracking peer opinion, as politicians do with polls." The message for parents? "If your child is popular, be happy for 10 seconds," he says. "Then ask, 'What group is she popular with?'" *—K. Emily Bond*

who "always" or "most days" ate with their families had a 15 percent lower obesity rate than those who did so only "some days" or "never," according to a Harvard University study.

What's Wrong With Long Weekends?

Over the past decade Friday classes have become a rarity at many college campuses around the country. Now, however, administrators are beginning to rethink this trend. While a compressed schedule is beneficial to faculty, who get an extra day for research, and to commuting students, who pocket the savings from reduced travel, there's a downside for full-time residential students: Facilities are underutilized on Fridays and overcrowded on other days. Moreover, say some experts, a four-day school week (in which partying often begins after the last class on Thursday) may leave this generation ill prepared for the five-day work week that awaits them. In an attempt to reverse the pattern, some universities, including Syracuse and Duke, are bolstering their Friday schedules. In the meantime, parents should encourage their college-age children to schedule a regular obligation, whether a job or a long study session, on days they have no classes. "That way," says Peter Vogt, a partner in College to Career, a Bloomington, Minnesota–based consulting firm, "they'll get some idea of workforce basics." *—Leslie Jay*



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You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

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(See "How should I take ACTONEL?").

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Who should not take ACTONEL?

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How should I take ACTONEL?

The following instructions are for both ACTONEL 5-mg (daily) and ACTONEL 35-mg (Once-a-Week):

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BEFORE

What is my ACTONEL schedule?

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ACTONEL 35-mg Once-a-Week (an orange tablet):

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not

What should I avoid while taking ACTONEL?

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your health care provider right away if:

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How can osteoporosis affect me?

Who is at risk for osteoporosis?

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ACTONEL

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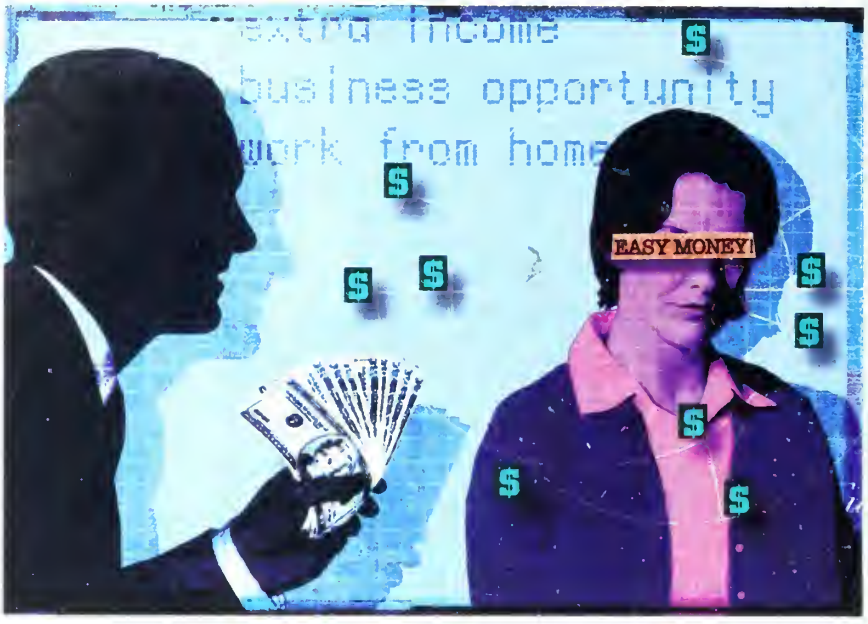
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Scams Even Smart Women Fall For

Tens of millions of dollars a year are lost by those who yearn to run their own businesses. Here's how to make sure *you* don't get sucked in



The ad in the respected newspaper was enticing: Invest $35,000 in vending machines and make more than $7,500 a month. Accent Marketing, the Alabama company hawking this business opportunity, even promised to line up 25 bars and restaurants eager to have the machines installed.

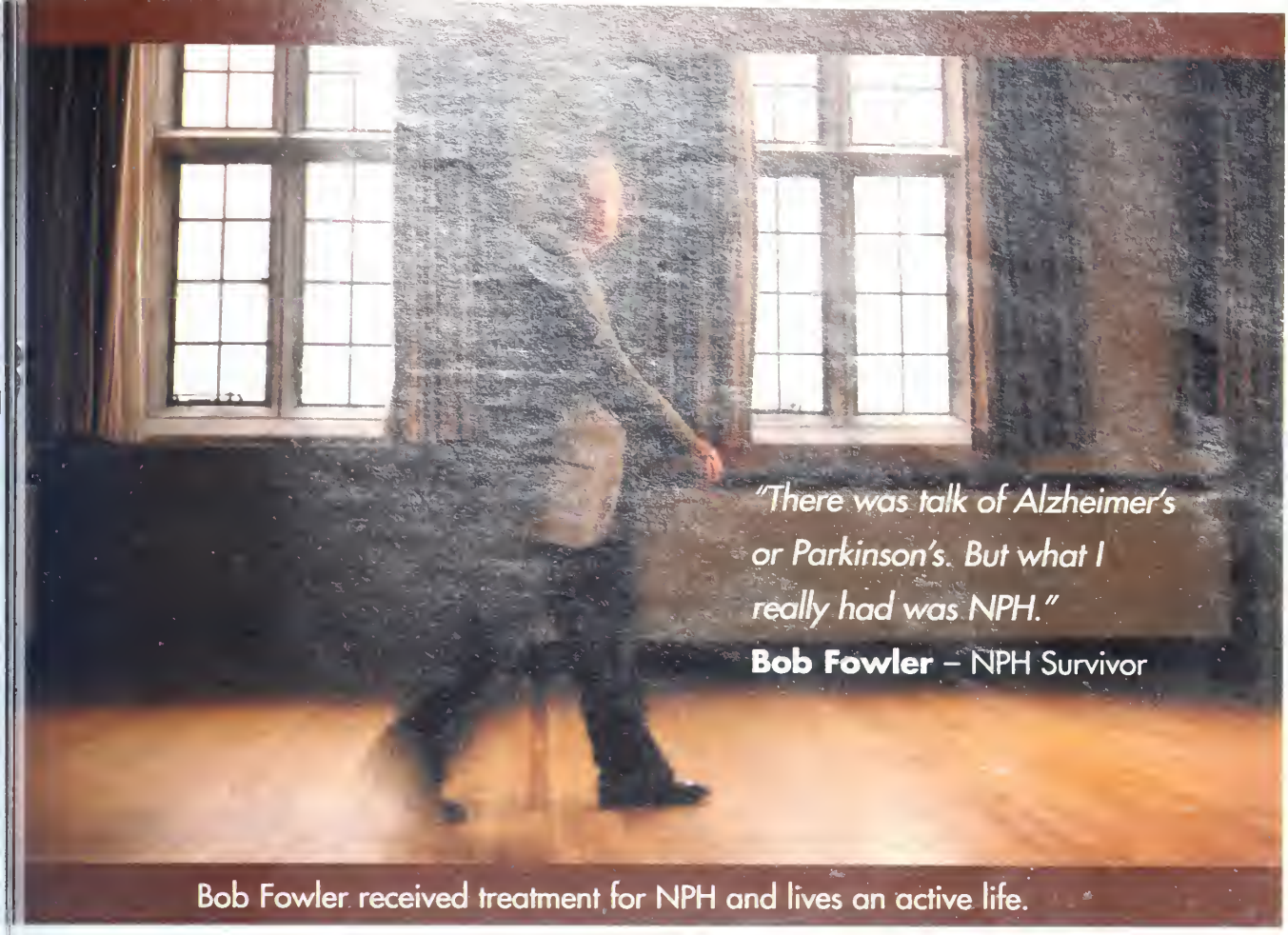
One young working mother in Maryland with two young children and a cabdriver husband saw the vending machine offer as the perfect way to spend more time with her kids while still earning good money. Before investing in the business, she did her research. She called the Better Business Bureau (BBB) to confirm that there were no complaints against Accent; she called the three referrals Accent gave her, who all said they were raking in money with the machines; she even went to Alabama to visit the company headquarters. Everything checked out, so she was delighted when the 25 machines arrived just before Christmas 2001.

That's when everything fell apart," says Dale E. Cantone, an assistant attorney general for the state of Maryland. "She went to deliver the machines to each of the 25 locations provided by Accent, and every one turned her down—some angrily." The three referrals turned out to be shills. And the victim had squandered her family's money on useless machines that no one wanted.

Sadly, stories of business opportunity fraud like this are all too common, with nearly a million incidents in 2004 alone. That's why in February 2005, Maryland and 13 other states, the Federal Trade Commission (FTC), the U.S. Postal Inspection Service and the Department of Justice joined to take action against nearly 200 companies in Project Biz Opp Flop, a nationwide crackdown on these rip-offs. Gone are the days when a the scam offers were for Popsicle-stick crafts or the proverbial "stuffing envelopes": The bust included not only vending machine schemes but other now-common scams such as medical billing systems, Web site businesses and Internet kiosks. The FTC estimates that tens of thousands of people lost more than $100 million to just the 1 operations that the FTC helped bust.

The victims of business-opportunity scams can ill afford the thousands of dollars they invest: Many are stay-at-home moms or out-of-work dads. Sometimes they take out loans or borrow from retirement funds to invest. "Again and again I hear of people who lost their jobs, unwittingly CONTINUED

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Bob Fowler received treatment for NPH and lives an active life.

There are nearly 375,000 Americans who have symptoms similar to those of Alzheimer's or Parkinson's.[1] They may actually have NPH, or Normal Pressure Hydrocephalus, a neurological disorder that can be treated.

People with NPH have one or more of the following symptoms:

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References: 1. Alzheimer's Associati
Dementia. Available at: http://www.de
Online. Normal Pressure Hydrocepha
nber 19, 2002. 2. Dementia.com. Ab
Audrain Medical Center Health Encyclop
December 19, 2002.

invested their severance in scams and lost it all," says Eileen Harrington, deputy director for the Bureau of Consumer Protection at the FTC. "People try to do the right thing for their families and are completely taken."

These would be investors are lured by promises of healthy income, flexible hours and the chance to make their own success rather than be a cog in the corporate wheelhouse. One former scammer told investigators he persuaded potential investors by comparing the money his customers made to the earnings of real-estate agents. "But real-estate agents have to go out in the elements, drive everywhere, work seven days a week and wait for things to happen," he would continue. "[Our] affiliates enjoy working at home, setting their own schedule and making things happen on their own terms."

> "If it were easy to spot scams, they wouldn't succeed as often as they do"

Scammers also exploit fears of job insecurity, offering their targets a supposedly safer, more secure alternative. "You can no longer expect large corporations, or any business for that matter, to provide job security or a steady paycheck (Enron, Tyco, WorldCom, to name a few)," argued a brochure touting Money Movers Inc., a phony Florida company selling change-making machines. To bolster the appearance of legitimacy, scammers are increasingly paying for impressive promotional packets and slick Web sites as well as sophisticated ads in newspapers and magazines and on cable television.

Citing these strategies, Harrington emphasizes that the people who fall for these schemes are neither naïve nor careless. "The companies' techniques are really good," she says. "If it were easy to spot scams, they wouldn't succeed as often as they do." Fortunately, no matter how savvy the scammers' pitches get, certain red flags will always give away their game. Here are the tip-offs:

Guaranteed results: Scam artists overcome our reluctance to take risks by promising results. "These opportunities are pitched as guaranteed money making ventures that people can do in their spare time," says Harrington. Take Money Movers Inc. Their literature claimed they had "developed a foolproof business plan that is so simple anyone can follow it and realize their financial goals." In reality, running any business is hard work and never a sure thing. Walk away from any company offering guarantees.

We've done the legwork: Most of us wouldn't know how to find places that want vending machines or locate doctors who need computerized medical billing services–largely because established corporations usually have the lock on this kind of distribution. But business opportunity scammers promise they have qualified customers lined up for your services. "The truth is that there's a very limited market for these products," says Kenneth L. Jost, assistant director of the Office of Consumer Litigation with the Justice Department. Anyone who promises customers eager to buy is probably lying.

Just talk to our satisfied customers: Most scammers will encourage you to call other buyers they claim have made big bucks with them. Usually these references are paid to lie: One former scammer testified that his boss sometimes paid him an extra $200 to pose as a satisfied customer. In just one month he persuaded consumers to invest $150,000. Another scammer, who worked for American Entertainment Distributors, a company selling DVD rental machines, bragged that he had spent $30,000 on a voice changer and satellite phone to disguise his voice and location when he talked to unsuspecting customers.

How can you protect yourself against such tricks? Rather than trust company referrals, demand a list of the firm's current investors. Legitimate concerns should have a disclosure document that includes audited financial statements, lists of current franchisees and the company's officers, and any litigation history, Jost says. And take the time to visit one of the company's franchisees in person to see the business in operation.

Ask the Better Business Bureau about us: Many scam businesses are members in good standing with the BBB, which is part of the scam. "These firms join the BBB, sell for six months and then go out of business," says Jost. "By the time complaints roll in, they're on to something else."

The time is now: Scam artists apply pressure to close the deal as quickly as possible so that you don't have time to investigate, seek advice or think better of your decision. One salesman told investigators he would promise to put certain locations on hold for the person on the line "emphasizing that I could hold the locations only until they received our packet of materials because there were other people calling from the same area." If you are consider- CONTINUED



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g a franchise purchase, patience is a virtue. In fact, e FTC's Franchise Rule, which applies nationwide, quires franchisers to wait at least 10 business days ter a prospective customer gets the disclosure state- ent before they take any money.

'e've been at this for years: Most of these companies ll you that they have years of experience. In truth, eir game is to set up shop, rip off as many consumers possible and then file for bankruptcy before com- aints are filed with the authorities. "You don't stay pen too long, you don't get too greedy," Russell Mac- rthur, a promoter with American Entertainment Dis- butors, told a government informant. "You stay open r a year, tops . . . [then] you do another product." Un- rtunately, determining how long a business has been ound can be difficult, especially since scammers some- nes buy the names of existing legitimate companies.

So what's an aspiring entrepreneur to do? Before vesting in any business, run the opportunity past ur banker, your accountant or a trusted relative or iend with business experience, as well as a lawyer, ho can spot fine-print limitations and loopholes in ıy contract the company may ask you to sign. You ıould also check in with someone in your state attor ey general's office who has experience with scams. And never invest in a business opportunity that isn't censed by its state," says Cantone. "If you have a oblem, you'll have little recourse." If you do get tak- ı for a ride, report it to the state attorney general's fice or the FTC. You can sue, but suing an out-of ate company on your own is difficult and expensive.

The complaint the woman in Maryland filed did elp put Accent Marketing out of business, and as a sult of Project Biz Opp Flop, 16 individuals have ceived jail sentences. The courts have ordered resti ution of $18.5 million to more than 2,000 victims low much of that will actually be collected is any ne's guess, however. Of the Maryland mother and ther Accent Marketing victims, Cantone says, "At ne end of the day there was no money available to ay of the people who invested in this business opportunity—not even pennies on the dollar." Unfortu- ately, he adds, "that is also typical." Your best rotection is not to fall for a scam to begin with.

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by JEANNE MARIE LASKAS

A Style All Her Own

That rules are sometimes made to be broken is one of the most important lessons a parent can teach



Anna's T-shirt perfectly defines her fashion sense

My friend Wendy and I are at the playground, watching our girls try to master the monkey bars. Wendy's daughter Melanie and my daughter Anna are both big first graders now; the two like to say that they have been best friends since they were "zero years old!" True enough. We have plenty of photos of the girls sharing their diaper years together—mashing peas, blowing bubbles and spilling yogurt all over Wendy's carpet (whoops).

"Melanie picked out her own outfit today," Wendy observes, as we sit here under a sycamore tree. "Didn't she do a good job?"

Sure she did. Pink pants, white top with matching pink stripes. It's a fine outfit.

"She picked out socks with flowers that have the exact same pink," Wendy says. "Isn't that great? I'm really proud of her."

Of course it's great. And of course Wendy is proud. And here's the thing: I'm proud of Anna, who is dressed in a green tiger-striped shirt, purple leopard-print pants and pink rubber boots. Her pink elastic headband has been enhanced with blue feathers she found in her craft box, then tucked securely in. She walked out of her room this morning with this fashion explosion on and I said, "*Ack*, you sure look pretty, sweetie," just as I usually do.

"I guess you're not liking Anna's little getup," I say to Wendy.

"Oh, it's so Anna!" she says generously.

"I love the way it doesn't match," I say. "I'm proud of her."

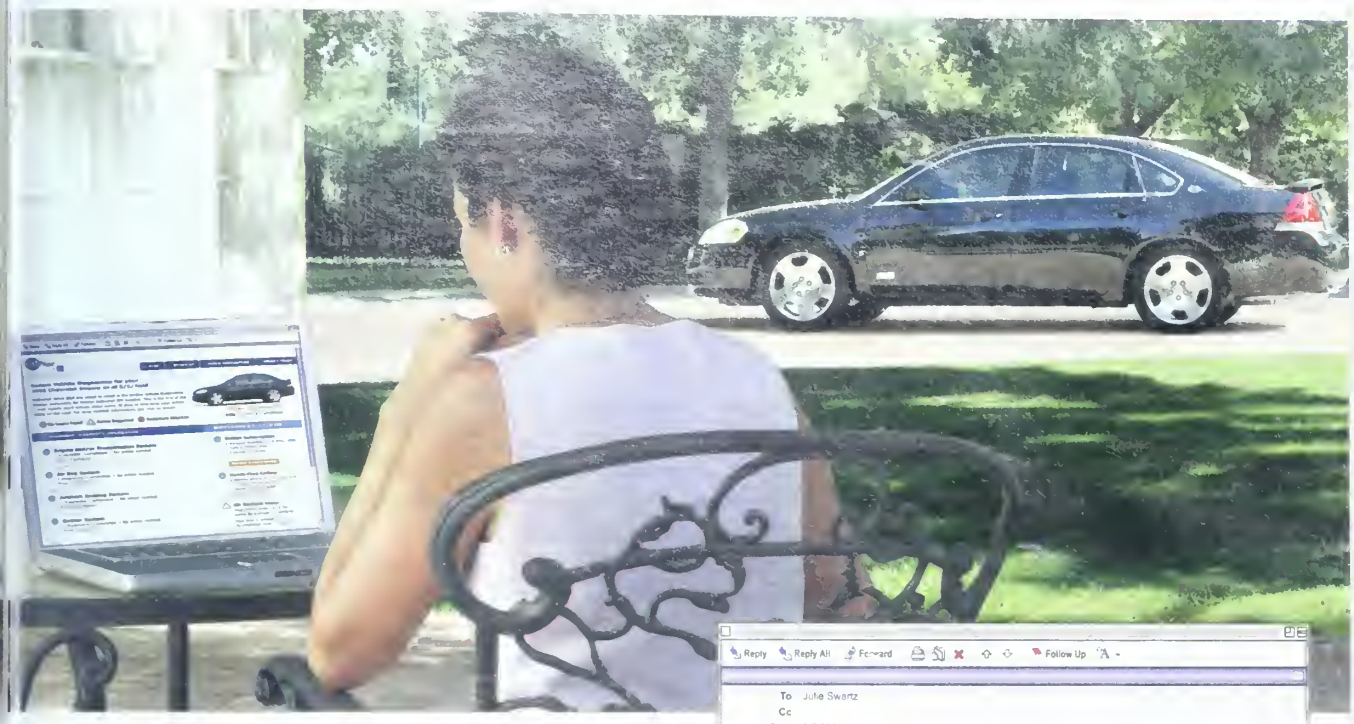
It sounds a bit defensive, but I mean it. I adore Anna's eccentric tendencies. She has a reputation for her wild attire, which she wears with joy and confidence. I want this for her. I want her to go through life unhindered by the fashion police, who mandate this-goes-with-that and never-wear-plaid-with-stripes. I want her to be free to choose her own identity. Is that so crazy?

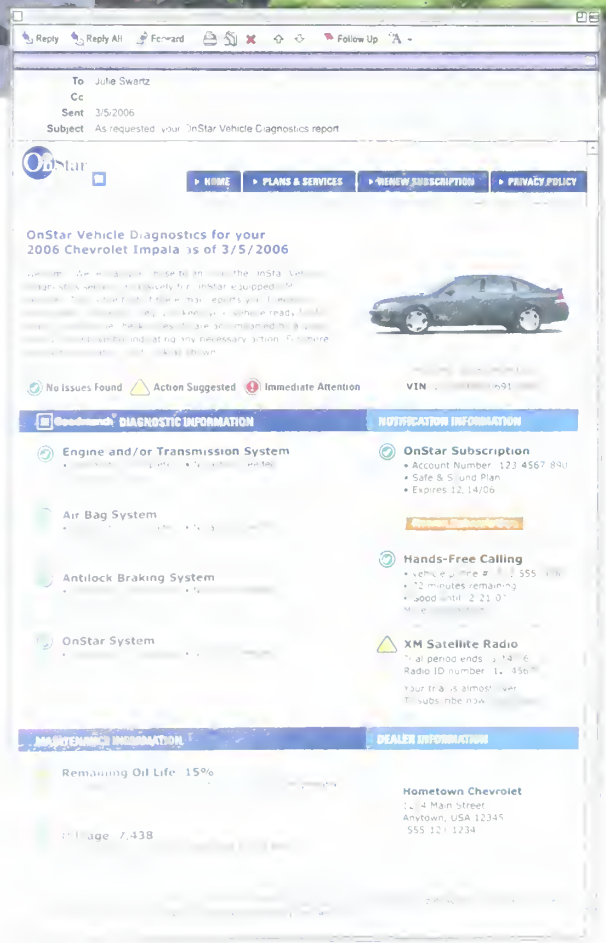
Way back when Anna was in her tutu stage, a 2-year-old who felt naked without a pink tutu over every outfit—and I'm talking over her snowsuit—other mothers would offer tips on how to get control over this walking fashion faux pas. I rejected them all in favor of a nod, a thumbs-up and a "you look great, sweetie." The tutu made her happy. She tore at her closet with the confidence of knowing that the way she CONTINUED

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wanted to look was exactly the right way to look. Soon she moved into her kitty stage: furry headband ears, feather boa tied around her waist to simulate a tail—the remnants of which are still visible around my house today. "Mom, I can't find my ears!" is a common cry of desperation.

"That's the difference between us," Wendy says, twirling a leaf from the sycamore tree. "If Anna walked out in matching pants and top, you'd probably be worried about her."

"Not worried," I say. "Just . . . disappointed."

"That's the difference between us," Wendy says with a smile.

People constantly talk about instilling values in their children. This is usually considered a big, weighty matter—a conscious set of teachings about loving thy neighbor and doing unto others as you would have them do unto you, and who God is, and loving your country, and making your bed, and not burping, and saying please and thank you, and not calling your sister a "stupid poopie head" just because she dropped your Barbie in the mud.

Those are important lessons. But instilling values is more complicated and subtle than just the big lessons. And it's not simply about setting an example, either. I'm hardly known for my flamboyant outfits. That signature is all Anna's. And that's why it's important.

So many of the values we teach are in the tiny reactions, probably a dozen a day. Our kids look to us for approval or disapproval, and we dole it out. We may not even realize we're doing it, but we're shaping a value system.

Recently my husband and I discovered that we are "pro-mistake." That means our kids are allowed to try things and mess up, but then they have to clean up. I figured everyone looked at child rearing this way until I saw some of the parents at my daughters' school demonstrate an attitude that was, by contrast, "pro-achievement." They expect their child to find what he's good at, practice, commit and excel. There's nothing wrong with either orientation—just different values. Those parents might imagine themselves raising future leaders or Olympic athletes, whereas my hope is that my kids have the courage to explore the next great unknown.

The other day my daughter Sasha, who is 4 (and who currently has only one fashion requirement: "Is it purple?"), was coloring a picture of SpongeBob and she decided to make him, well, purple.

"*Purple?!*" Anna exclaimed. "Sasha, SpongeBob is yellow!"

Sasha looked at her big sister, then at me. I could see the wheels turning. Wasn't it okay to color a picture any way you wanted?

"Anna!" I said. "I'm shocked. You, of all people! Who says there are rules when it comes to coloring?"

She shrugged. "Bethany's mom makes her stay in the lines in her coloring books," she said.

I rolled my eyes. Don't even get me started on coloring books.

My hope is that my kids have the courage to explore the great unknown

For a long time, I banned them from the house. *Make your own pictures! Don't be bound by someone else's idea of art!* So many of my values, I realize, place self-expression over excellence, confidence over perfection. Yet I realize I never sat down and decided this. It must have been the result of many small lessons from my own parents, tiny reactions to everyday events. I am married to a man who sees the world remarkably similarly to the way I do. This might be lucky or this might be the way love pulls people together, but one thing is certain: It makes parenting easier.

"Sasha, you can make SpongeBob any color you want," I said, and Anna finally agreed that yes, this is how we do things in our house, no matter what happens at Bethany's. It was a tiny moment, barely worth noticing, but one of perhaps a million contributing to our family values.

Here at the playground, Melanie and Anna have finished their monkey business, and now they're over at the swings, sharing tips on pumping with their legs and wondering if the clouds will pop once they finally do reach them with their toes.

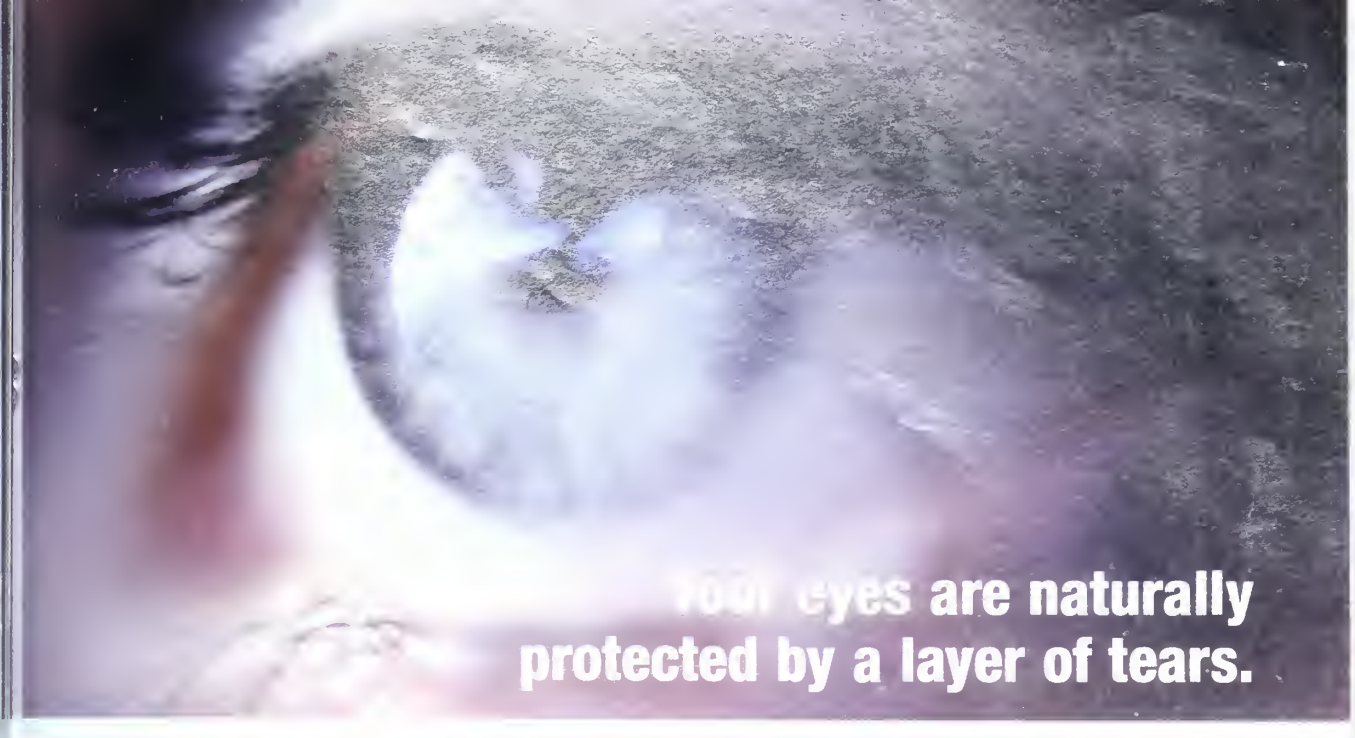
"Isn't that sweet?" Wendy says. "They're going to be friends for life. Can't you just see them in college together?"

"Yeah," I say, "and Anna's going to have four tattoos, a nose ring and pink hair."

"You're forgetting something," Wendy says. "Adolescence." She points out that our girls will rebel, rejecting for a time everything we stand for. "So Anna will end up a preppy kid in a plaid skirt and a twin set, and Melanie will be the one with the tattoos."

Now that, we both agree, would be a nightmare.

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Restasis
Cyclosporine Ophthalmic Emulsion 0.05%

Increases tear production with continued use

S® helps increase your eyes' natural tear production suppressed by inflammation due to Dry Eye. Increased tear production may not be adequate with topical steroid drops or tear duct plugs.

t Safety Information:
S® Ophthalmic Emulsion should not be used in patients who are hypersensitive to any of its components and has not been studied in patients with a f herpes viral infections of the eye. Other side effects include eye redness, e, watery eyes, eye pain, foreign body sensation

ext page for important safety information

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Restasis®

(Cyclosporine Ophthalmic Emulsion) 0.05%

Sterile, Preservative-Free

INDICATIONS AND USAGE

RESTASIS® Ophthalmic Emulsion is indicated for increase in tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increase in tear production was not seen in patients whose tear production was suppressed by immediately preceding ocular inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS

RESTASIS® Ophthalmic Emulsion is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING

RESTASIS® Ophthalmic Emulsion should not be used in patients with a history of herpes keratitis.

PRECAUTIONS

General:

Information for Patients:

RESTASIS® Ophthalmic Emulsion should be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Contact lenses should not be worn if the cornea or any surface tissue of the eye is thought to be contaminated the emulsion.

RESTASIS® Ophthalmic Emulsion should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of RESTASIS® Ophthalmic Emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:

In a 26-week oral (diet) carcinogenicity study in male and female mice and rats. In the 78-week oral (diet) mouse study at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for hepatocellular carcinomas in male mice and the incidence of hepatocellular carcinomas in mid- dose males significantly exceeded the control value.

In a 104-week oral (diet) study conducted at 0.2, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas are approximately 1000 and 500 times greater, respectively than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine was found to be genotoxic in the Ames Test, the V79 HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster ovary cells and in the rat hepatocyte DNA repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* showed a dose-related increase in SCEs.

Male and female rats were treated with cyclosporine in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day, assuming that the entire dose is absorbed).

Pregnancy-Teratogenic Effects:

Pregnancy Category C

Teratogenic Effects: No teratogenic effects were observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times the human daily dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine was associated with maternal toxicity and embryo- and perinatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of teratogenicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times, respectively, the human daily dose.

In a peri- and postnatal study in rats at 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality of pups during the first 4 days of lactation at a dose of 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times the human daily dose).

There are no adequate and well-controlled studies with RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:

Cyclosporine is excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:

Safety and effectiveness in pediatric patients below the age of 16 have not been established in pediatric patients below the age of 16.

Geriatric Use:

No overall differences in safety or effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS

The most frequently reported adverse reaction following administration of RESTASIS® was ocular burning (17%).

Other events reported following administration of RESTASIS® were conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only

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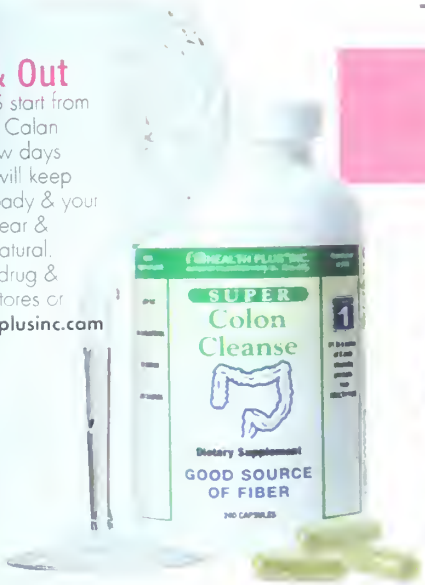
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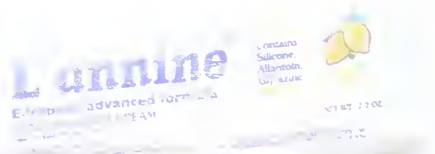
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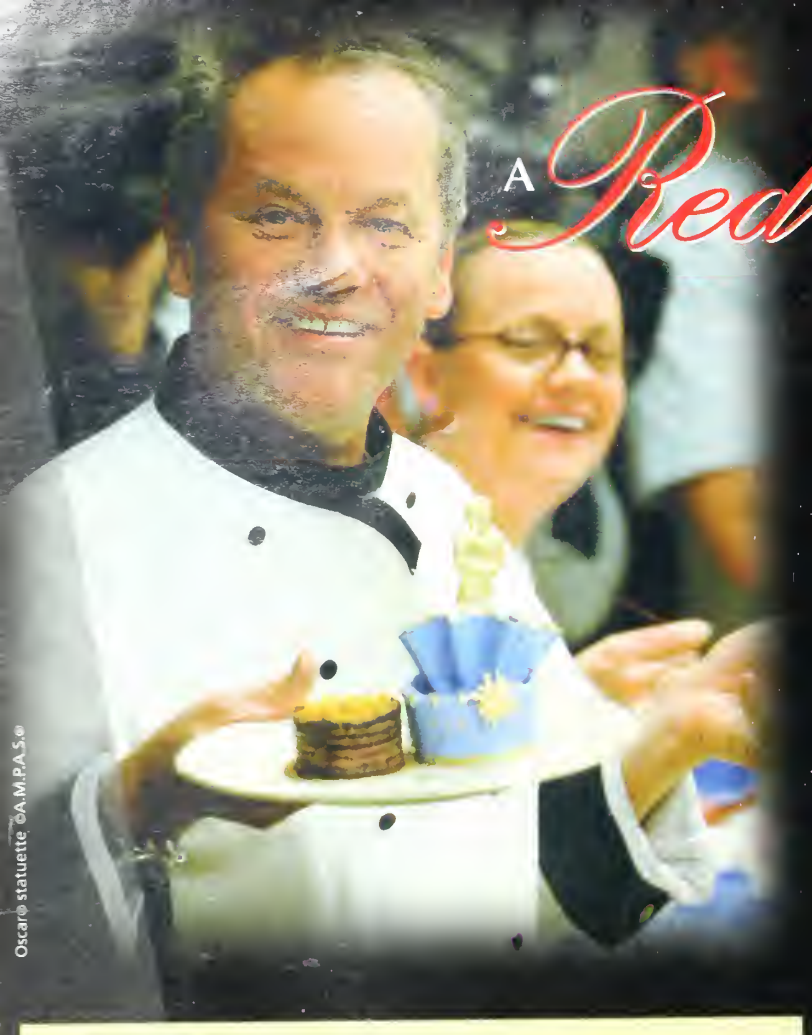
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A Red Carpet PARTY TO REMEMBE

From my kitchen to yours...

Whether I'm planning the Academy Award Governors Ball or an intimate Red Carp party for friends and family, I make sure detail is overlooked. From the meal to t service, everything we create should lea lasting memories.

Wolfgang Puck

THROW THE PERFECT PART

Here are **5 essential secrets** to hosting an unforgettable Academy Awar viewing party.

1. From beautiful flowers to eye-catch table décor, give your home an inst red carpet makeover. No matter what y choose, creating a festive theme will set uplifting mood.
2. Save time in the kitchen by preparin menu in advance. Whether you're servin five-course meal or a selection of delecta appetizers, preparing food ahead of time make the day of the party less stressful.
3. Tell guests to dress up red carpet st It can be as simple as wearing sparkl jewelry to dressing up as their favo nominee.
4. Create a fun, interactive game for y guests. Have each guest fill out a ballo predict who will win an Academy Award
5. Leave your guests feeling like stars. the end of the evening, give your gue an amazing gift bag filled with exquis chocolates and a spilt of champagne t any celebrity would love to receive.

Watch the ACADEMY AWARDS® on Sunday March 5th 5 PST / 8 EST ab

Visit **www.oscar.com** for additional information.

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W P

Wolfgang Puck

For official Oscar® menu and recipes, visit www.wolfgangpuckcatering.com

Here's a great recipe that's sure to lead to a standing ovation. The best part is that it's easy to prepare without spending all your time in the kitchen.

Ingredients

- 3 bunches spinach, washed, stems removed
- 1 10oz package frozen artichoke hearts, thawed
- 1 cup mayonnaise
- ⅓ cup mascarpone cheese
- ⅓ cup creme fraiche
- ¼ cup freshly grated Parmesan cheese
- 2 tablespoons goat cheese
- 2 tablespoons roasted garlic
- 1 tablespoon lemon juice
- 1 teaspoon salt
- ¼ teaspoon black pepper

Topping:

- ¼ cup freshly grated Parmesan cheese
- 2 tablespoons breadcrumbs
- ¼ teaspoon paprika

SERVINGS: 4-6

Instructions

1. In large metal sieve, blanch one bunch of spinach for 1 minute in large pot of boiling water. Transfer in sieve to bowl of iced water and leave for 30 seconds. Remove sieve from water and with the back of a large metal spoon drain out excess water. Set aside. Repeat with remaining bunches of spinach.

2. Place artichokes in bowl or food processor fitted with a steel blade. Process for 5 to 7 seconds or until very coarsely chopped. Pre-heat oven to 375° F.

3. Add mayonnaise, mascarpone cheese, creme fraiche, Parmesan, goat cheese, roasted garlic, lemon juice, salt and pepper. Process for another 5 seconds or until combined

4. Add blanched spinach and process with on/off motion a few times or until well blended The dip should still have some texture and not be completely smooth. Spoon into a shallow ovenproof dish.

5. In small bowl combine all ingredients for topping and sprinkle over dip. Bake at 350° F for 15 to 20 minutes or until top is golden brown.

Try this great recipe with BAKED! LAY'S

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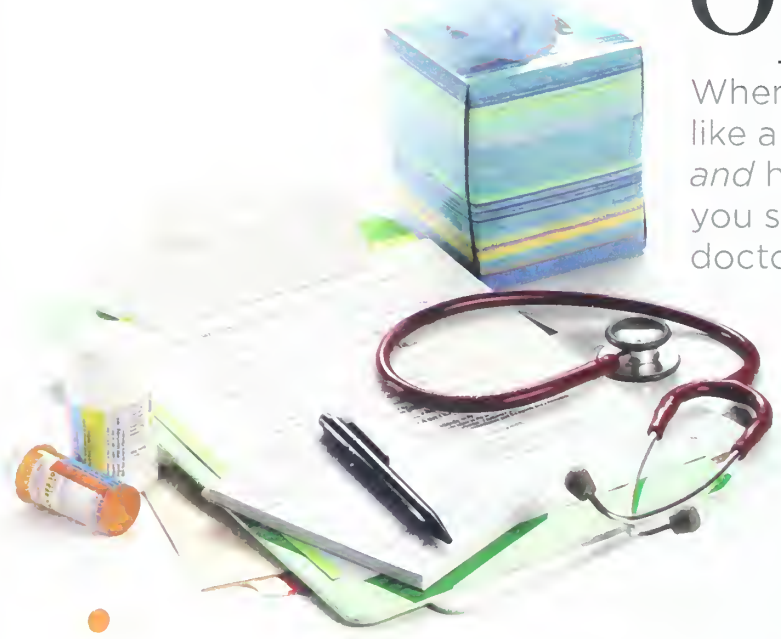
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Lay's

Get your smile on.

A Second Opinion

When you're sick, there's nothing like a wife's loving support—*and* her taunting reminders that you should have gone to the doctor when she first told you to



I'm a big believer in going to the doctor—as long as my wife is the one who is going. And she feels pretty much the same way about me. So when one of us gets sick, we have a lot of inane discussions like this:

"You should've had a physical," I tell Diane as she sits, wrapped in a comforter, trying to get down some soup to quell the antibiotics churning her stomach.

"I told you. I'm not getting a physical until you see the dentist."

"Well, I'll go to the dentist once you get your physical."

"Why should I get a physical when you still haven't done those smear test things from your *last two* physicals? You do understand that they won't detect internal bleeding while the samples are sitting in an envelope on your dresser, right?"

And so on.

We've been having some version of this exchange for years. But as couples age together, the same exact conversation can end up being about something completely different. Before, they were just preventive medicine "double dog dares." Now what underlies them isn't so funny. It's the unspoken fear between loved ones that says: "If you die before me—of something that could have been prevented—I will never let you live it down."

I do so miss the days of "it's probably nothing." When I was single, and even after first being marrie whenever I didn't feel well I always assum it was probably nothing. And, if I did wor there was always someone around to re sure me. Headache? Backache? Probab nothing. Quit your bellyaching. And, by t way, that bellyache? Probably nothing.

But now my wife and I—and all the co ples we know—seem to have changed t default setting to "it's probably something Fungus on my foot? Could be toenail ca cer. Itchy scalp? Could be follicular Ebol

Not long ago, whenever my back wou go out, as it has periodically since puber I always anticipated a speedy and comple recovery. Now when I have back attacks am nearly paralyzed by fear that I will nev walk erect—or do anything else erect—agai

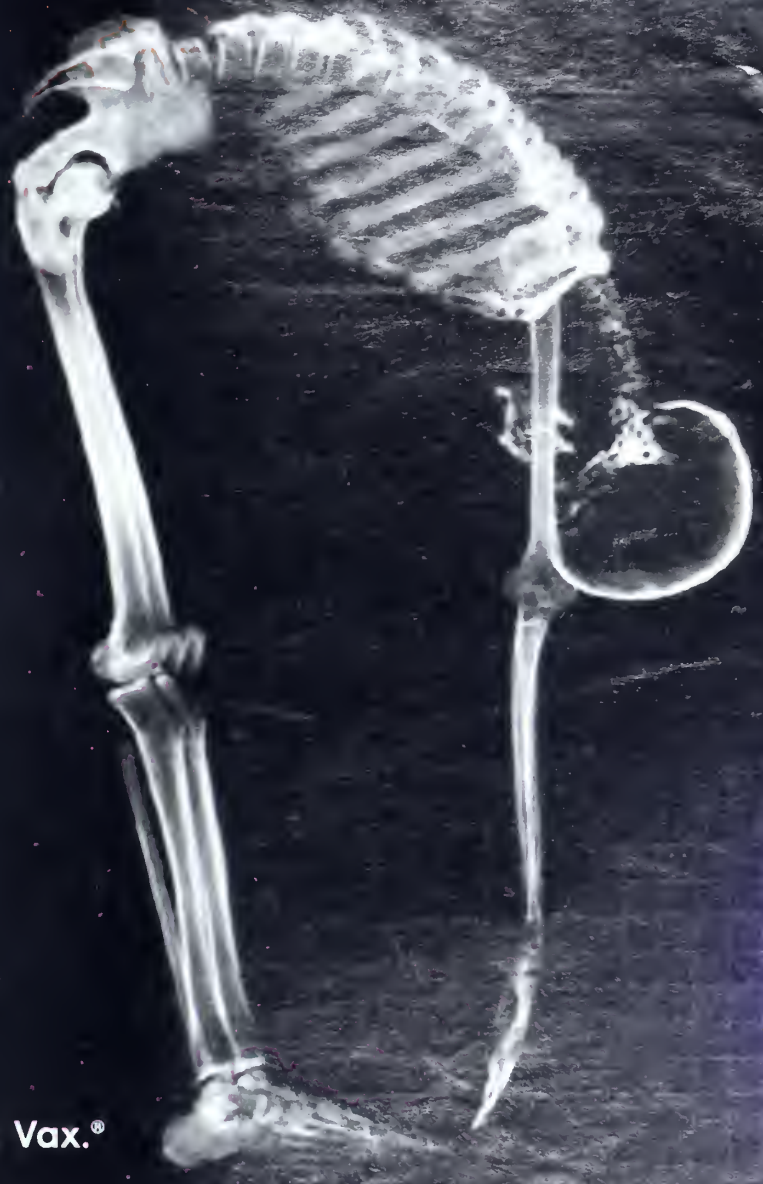
Actually my back just went out. Th happened because . . . well, who know why? It's never because I was lifting a anvil or a piano and forgot to bend at t knees. It's always because I slept on it t wrong way or inhaled too emphatically.

In general it's always better if marri people get sick one at a time. If you ha kids or pets, it's always preferable that o of you is well enough to feed them. A within the couple itself, it's best if both a clear on who is the caregiver and the ca givee. During illness defenses are down a hypersensitivity reigns, and it's easy to s mean things you don't necessarily mea Only one spouse at a time CONTINU

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should be able to invoke illness—"sorry, babe, it was the drugs talking"—to get out of such emotional jams.

When both of us are ill, we see all the gender differences in nurturing—and in suffering—up close and personal. Diane will be the first to tell you I have a spectacular bedside manner (when I am actually able to sit by the bed without lightning bolts shooting up my spine). But when my back is all twisted up, I can be cranky, annoying and needy. I don't think I ever quite reach the stereotype of the whiny baby that men are supposedly reduced to at the slightest hangnail. And I'm sure none of my basketball buddies ever think they do either—although I wouldn't want to eavesdrop on a conversation among the hoop wives on the subject.

There's a resilience about women, even at their sickest, that I find inspiring and a little scary

Actually, we've reached the point in our marriage that whenever I act testy, Diane will look at me compassionately and ask, "Your back's sore, isn't it?" (Only an idiot would say, "No, my back is perfectly fine.")

Diane, on the other hand, believes that no matter how sick she is, she must do the laundry and clean the kitchen. I ask her not to, but she seems strangely uncompelled by my suggestion that surely we can survive in our own filth for a few days. Instead she stands there lecturing me—and then, when I go back to the couch, yammering to herself—about the countless chores that women get stuck with no matter the situation. If she were in an iron lung, with both arms in casts, she would still be trying to figure out a way to scootch over to the kitchen sink so she could keep tidying.

Last night she dragged herself, sick with aches and chills, into the darkened bedroom and because she had insisted on doing one more load of whites tripped over the pile she had sorted out and literally flipped right into the empty basket. If that happened to me, the paramedics would have needed to get the Jaws of Life. But not my wife. She got up, dusted herself off and proceeded to collapse into bed.

There's a resilience about women, even at their sickest, that I find inspiring and a little scary. Today, completely out of the blue, Diane decides that the best way to treat my symptoms is to challenge me to an ask-your-doctor discussion about the safety of my painkillers. I try to convince her that this little debate, while lively and fascinating, is probably not the best way to alleviate my pain and ask if maybe we could discuss epidurals.

She nods as if she understands. But I can see that she is humoring me, and in the game of marital chess she's already three moves ahead.

"Okay, fine," she says. "I'll stop harassing you. But only if you agree to call the doctor tomorrow and schedule a physical."

"All right already, I'll do it."

"I want it in writing." She reaches for her desk calendar and writes the following: "I, Stephen Fried, promise to make an appointment for a complete physical" and draws a line where I can sign. And I do.

Oh, she's a crafty one.

So in two weeks I have a doctor's appointment. I'm hoping to God that my back is no longer sore by then. (In my experience, most serious symptoms abate about an hour before you finally see the doctor.) But Diane had better be careful. Because she knows that part of the reason I hate going to the doctor is my fear that it'll awaken my secret medical fantasy. Deep inside, I actually want every diagnostic test known to man. I want everything from my eyelashes to my toe hairs analyzed. I want dye sent through every vein, artery and capillary in my body, and then I want to be X-rayed and CT-scanned from every conceivable angle. Then it's on to the total body MRI. And not just once. I want an MRI machine set up at the front door of my house. I want to be scanned every morning when I leave and every evening upon my return.

My computer gets a virus check every day. Why the hell can't I?

So you want me to go to the doctor, dear? Like so many things in marriage, be careful what you wish for.

Next month: What naked men talk about

Have questions or comments for Stephen Fried? E-mail him at lhj.heartofahusband@meredith.com. *Catch up on his past columns at* www.lhj.com/stephenfried.

WWW.LHJ

The opponent, breast cancer recurrence. In defense, ARIMIDEX.



ARIMIDEX has been proven to be effective in reducing the risk of breast cancer recurrence.

There is important news about ARIMIDEX that may affect postmenopausal women with hormone receptor-positive early breast cancer. The results from a 5-year clinical study show that ARIMIDEX, given as initial treatment after surgery, has been effective in reducing the risk of breast cancer recurrence for some women.

Important Information About ARIMIDEX.
ARIMIDEX is approved for adjuvant treatment (treatment following surgery with or without radiation) of postmenopausal women with hormone receptor-positive early breast cancer.

Important Safety Information.
Prescription ARIMIDEX is only for postmenopausal women. ARIMIDEX should not be taken if you are pregnant because it may harm your unborn child.

In the early breast cancer clinical trial, common side effects seen with ARIMIDEX include hot flashes, joint symptoms, weakness, mood changes, pain, sore throat, nausea and vomiting, depression, high blood pressure, osteoporosis, swelling of arms/legs, and headache. Fractures (including fractures of the spine, hip, and wrist) occurred more frequently with ARIMIDEX than with tamoxifen (10% vs 7%).

ARIMIDEX should not be taken with tamoxifen or estrogen-containing therapies.

For more information, talk to your doctor.

Get FREE Information Now.
We'll send you more information about ARIMIDEX as well as other helpful facts you may need to know. In all, they can help you better communicate with your doctor when discussing treatment options.

Arimidex
anastrozole 1 mg tablets

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Please see brief summary of the
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ARIMIDEX (anastrozole) Tablets

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PROFESSIONAL INFORMATION BROCHURE)

INDICATIONS AND USAGE ARIMIDEX is indicated for adjuvant treatment of postmenopausal women with hormone receptor-positive early breast cancer. ARIMIDEX is indicated for the first-line treatment of postmenopausal women with hormone receptor-positive or hormone receptor-unknown locally advanced or metastatic breast cancer. ARIMIDEX is indicated for the treatment of advanced breast cancer in postmenopausal women with disease progression following tamoxifen therapy. Patients with ER-negative disease and patients who did not respond to previous tamoxifen therapy rarely responded to ARIMIDEX.

CONTRAINDICATIONS ARIMIDEX is contraindicated in any patient who has known hypersensitivity to the drug or to any of the excipients.

WARNINGS ARIMIDEX can cause fetal harm when administered to a pregnant woman. Anastrozole has been found to cross the placental following administration of 1 mg/kg to rats and rabbits on day 9 or 12 of gestation, respectively, a mg/m basis. Studies in rats and rabbits at doses equal to or greater than 0.1 and 0.2 mg/kg, respectively, the recommended human dose on a mg/m basis, administered during the period of organogenesis, increased pre- and post-implantation loss, decreased fetal weight, and produced dose-related increases in fetal abnormalities and deaths. Placental weights were increased at all doses tested. Abnormalities observed included edema, delayed fetal development, incomplete ossification, and malformations of the skull, limbs, and vertebrae. There are no adequate and well-controlled studies in pregnant women using ARIMIDEX. Anastrozole, which produced plasma anastrozole concentrations comparable to those achieved in patients at the recommended dose, was not teratogenic in rabbits. Administration of anastrozole to volunteers at the recommended dose for 2 weeks in premenopausal women did not affect ovulation. There was no evidence of teratogenicity in rats, but there was an increased pregnancy failure at doses greater than 0.1 mg/kg/day. There are no adequate and well-controlled studies in pregnant women. If the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus.

PRECAUTIONS General: ARIMIDEX is not indicated for use in premenopausal women, and its safety and efficacy has not been established (see **CLINICAL PHARMACOLOGY**, Pharmacodynamics, Effect on Estradiol). Before starting treatment with ARIMIDEX, pregnancy must be excluded. (see **WARNINGS**). ARIMIDEX should be used with caution in patients experienced in the use of anticancer therapy.

Laboratory Tests: In patients receiving ARIMIDEX, decreased bone mineral density (BMD) compared to baseline, as measured by DEXA, was observed in the lumbar spine, total hip, and femoral neck. In patients receiving ARIMIDEX had a mean decrease in BMD of approximately 5% at the lumbar spine and total hip. Lesser decreases in BMD were observed in patients receiving tamoxifen had a mean increase in BMD of approximately 2% at the lumbar spine and total hip. Because estrogen levels may cause a reduction in bone mineral density, the long-term administration of ARIMIDEX may cause a reduction in bone mineral density.

Drug Interactions: See **CLINICAL PHARMACOLOGY**. Anastrozole inhibited *in vitro* metabolic activities of CYP1A2, CYP2A6, CYP2C8/9, CYP2D6, CYP2E1, and CYP3A4 by 15% or less at concentrations 100-fold greater than those achieved in plasma following administration of a 1 mg dose. Anastrozole did not inhibit P450 2A6 or the major human liver P450 isoform, P450 2C9, at clinically relevant concentrations. Although there have been no formal drug interaction studies, it is unlikely that coadministration of a 1 mg dose of anastrozole will significantly inhibit the clearance of drugs that are metabolized by these P450 isoenzymes. Anastrozole is not a substrate for P450 1A2 or the other drugs. An interaction with warfarin, a CYP3A4 substrate, was studied in healthy volunteers. Anastrozole did not affect warfarin anticoagulant activity. At a median plasma concentration of anastrozole 10 times greater than that achieved at the recommended dose, there was a 9% increase in the prothrombin time ratio compared with tamoxifen in all patients receiving warfarin. The clinical significance of this finding is not known in the trial. Based on clinical and pharmacokinetic data, no dosage adjustment of ARIMIDEX is necessary when administered with warfarin. (see **CLINICAL PHARMACOLOGY – Drug Interactions** and **CLINICAL PHARMACOLOGY**, Clinical Studies - Adjuvant Treatment of Breast Cancer in Postmenopausal Women subsections). Coadministration of tamoxifen with ARIMIDEX in postmenopausal women resulted in a 27% decrease in the plasma clearance of anastrozole. Plasma levels of tamoxifen and N-demethyltamoxifen were unaffected. These changes are not expected to be clinically significant.

Drug/Laboratory Test Interactions: No

Carcinogenesis: A conventional carcinogenesis study in rats administered by oral gavage at 0.1, 0.5, and 2.5 mg/kg/day (approximately 1, 5, and 25 times the clinical dose of 1 mg/m² on a mg/m² basis) showed a dose-related increase in the incidence of hepatocellular adenoma and carcinoma in male and female animals, uterine adenocarcinoma, uterine polyps in female animals, and cervical-vaginal fibroma in female animals. Ovarian and uterine hyperplasia in females. At 2.5 mg/kg/day, which is 25 times the clinical dose on a mg/m² basis, plasma concentrations of anastrozole in female volunteers at the recommended dose of 1 mg/day were exceeded in postmenopausal volunteers at the recommended dose of 1 mg/day. At 0.5 mg/kg/day (5 times the clinical dose on a mg/m² basis), plasma concentrations of anastrozole in female rats were 4 to 24 times the daily maximum recommended human dose of 1 mg/day. Ovarian adenoma, uterine adenocarcinoma, uterine polyps, uterine glandular epithelial and granulosa cell tumors at all dose levels in female rats. These uterine changes are considered to be a consequence of prolonged, high-dose estrogen exposure. These uterine changes are not considered relevant to the use of anastrozole in the treatment of breast cancer in postmenopausal women. The relevance of hepatocellular adenoma and carcinoma in male and female rats to human risk is unknown. The incidence of lymphosarcoma was increased at 0.5 mg/kg/day (approximately 5 times the clinical dose on a mg/m² basis) in female rats. Anastrozole plasma AUC values in these rats were 35 to 43 times higher than the level exhibited in postmenopausal women receiving the recommended dose of 1 mg/day.

Mutagenesis: ARIMIDEX was not found to be mutagenic in *in vitro* tests (Ames and E. coli gene mutation assays), or to induce chromosomal aberrations in human lymphocytes) or *in vivo* (micronucleus test in rat bone marrow cells).

Impairment of Fertility: Treatment of female rats with anastrozole for 2 weeks before mating to pregnancy day 7) produced significant increases in the estrous cycle length and decreases in the number of implantations and corpora lutea at 0.5 mg/kg/day, about 5 times the recommended human dose on a mg/m² basis. Pre-implantation loss of ova or fetus was increased at 0.5 mg/kg/day, about 5 times the recommended human dose on a mg/m² basis. Recovery of fertility was demonstrated in female rats at 0.5 mg/kg/day, about 5 times the recommended human dose on a mg/m² basis. In a full study in which these effects observed in female rats were observed, treatment of female rats with anastrozole for 6 months at doses equal to or greater than 0.1 mg/kg/day, about 1 times the recommended human dose on a mg/m² basis, produced ovarian cysts. These cysts were 5 times higher than the respective values found in postmenopausal women receiving the recommended dose. In addition, hyperplastic changes in the uterine endometrium and the presence of follicular cysts. In addition, hyperplastic changes in the uterine endometrium were found in postmenopausal women at the recommended dose. Administration of anastrozole at doses greater than 1 mg/kg/day, which produced plasma anastrozole concentrations greater than 200 times those found in postmenopausal women at the recommended dose, resulted in reversible infertility in premenopausal women.

Pregnancy: Pregnancy Category D (see **WARNINGS**)

Nursing Mothers: It is not known whether anastrozole or its metabolites are excreted in human milk; caution should be exercised when ARIMIDEX is administered to a nursing woman (see **WARNINGS** and **PRECAUTIONS**).

Pediatric Use: The safety and effectiveness of ARIMIDEX in pediatric patients have not been established.

Geriatric Use: Of the 3,125 patients randomized in the ATAC trial, 1,549 patients (49.6%) were 65 or older and 1,021 patients (32.7%) were 70 or older. Patients 65 years of age had moderately better tumor response and survival rates than younger patients. In the two first-line treatment studies 0004 and 0005, 50% of patients were 65 or older and 15% were 75 or older. In the two second-line studies, 0033 and 0034, 30% of patients were 65 or older and 10% were 75 or older. In the ATAC study, patients who were 65 years of age or older had a hazard ratio for time to recurrence of 0.79 (95% CI: 0.63, 1.00) for ARIMIDEX compared with tamoxifen therapy. Patients with ER-negative disease and patients who did not respond to previous tamoxifen therapy rarely responded to ARIMIDEX.

ADVERSE REACTIONS

Adjuvant Therapy: In the adjuvant breast cancer trial, see **CLINICAL PHARMACOLOGY - Clinical Studies - Adjuvant Treatment of Breast Cancer in Postmenopausal Women**. At a median duration of therapy of 33 months, the combination of ARIMIDEX and tamoxifen was not more effective than ARIMIDEX monotherapy in the overall population or in the hormone receptor positive subpopulation. This trial was not designed to demonstrate a difference between ARIMIDEX and tamoxifen. Adverse events were similar between the ARIMIDEX and tamoxifen groups. The median duration of therapy was 59.8 months and 59.6 months for patients receiving ARIMIDEX and tamoxifen, respectively. Adverse events associated with an incidence of at least 5% in either treatment group are presented in Table 8.

Table 8 Adverse events occurring with an incidence of at least 5% in either treatment group during treatment, or within 14 days of the end of treatment

Body system and adverse event by CDSTART-preferred term*	ARIMIDEX 1 mg (N=3092)	Tamoxifen 20 mg (N=3094)
Body as a whole		
[illegible]	941 (30)	209 (7)
[illegible]	201 (7)	185 (6)
[illegible]	201 (7)	156 (5)
[illegible]	184 (6)	160 (5)
[illegible]	179 (6)	160 (5)
Nervous system		
Depression	413 (13)	382 (12)
[illegible]	309 (10)	281 (9)
[illegible]	236 (8)	234 (8)
[illegible]	195 (6)	180 (6)
[illegible]	215 (7)	145 (5)
Cardiovascular		
[illegible]	445 (14)	422 (14)
[illegible]	261 (8)	287 (9)
Digestive		
[illegible]	248 (8)	237 (8)
[illegible]	184 (6)	159 (5)
[illegible]	167 (5)	153 (5)
Skin and appendages		
Rash	333 (11)	387 (13)
[illegible]weating	145 (5)	177 (6)
Special Senses		
[illegible]	182 (6)	213 (7)
Urogenital		
[illegible]	86 (3)	286 (9)
[illegible]	244 (8)	313 (10)
[illegible]	251 (8)	169 (6)
[illegible]	164 (5)	139 (5)
Hemic and lymphatic		
[illegible]	194 (6)	150 (5)
Metabolic and nutritional		
Peripheral edema	122 (4)	180 (6)
Arthralgia	125 (4)	158 (5)
[illegible]steoporosis	325 [illegible]	

*CDSTART coding thesaurus. Percentages are based on the number of patients receiving the treatment.
A patient may have had more than 1 adverse event during the treatment period and may have had more than 1 adverse event within a body system.
†Vaginal Hemorrhage with no further diagnosis.

The incidence and rate of discontinuation due to adverse events were similar between the ARIMIDEX and tamoxifen groups. The most frequent adverse events leading to discontinuation in either group were those reflecting the known pharmacologic properties of the agents. Other hormonal therapies (see Table 9).

Table 9 Number (%) of patients with Pre-specified Adverse Event in ATAC Trial[1]

	ARIMIDEX, N=3092 (%)	Tamoxifen, N=3094 (%)	Odds-Ratio	95% CI
Hot Flashes	1104 (36)	1264 (41)	0.80	0.73 – 0.89
Musculoskeletal Events[2]	1100 (36)	911 (29)	1.32	1.19 – 1.47
Fatigue/Asthenia	575 (19)	544 (18)	1.07	0.94 – 1.22
Mood Disturbances	597 (19)	554 (18)	1.10	0.97 – 1.25
Nausea and Vomiting	393 (13)	384 (12)	1.03	0.88 – 1.19
All Fractures	315 (10)	209 (7)	1.57	1.30 – 1.88
Fractures of Spine, Hip, or Wrist	133 (4)	91 (3)	1.48	1.13 – 1.95
Wrist/Colles' fractures	67 (2)	50 (2)		
Spine fractures	43 (1)	22 (1)		
Hip fractures	28 (1)	26 (1)		
Cataracts	182 (6)	213 (7)	0.85	0.69 – 1.04
Vaginal Bleeding	167 (5)	317 (10)	0.50	0.41 – 0.61
Ischemic Cardiovascular Disease	127 (4)	104 (3)	1.23	0.95 – 1.60
Vaginal Discharge	109 (4)	408 (13)	0.24	0.19 – 0.30
Venous Thromboembolic events	87 (3)	140 (5)	0.61	0.47 – 0.80
Deep Venous Thromboembolic Events	48 (2)	74 (2)	0.64	0.45 – 0.93
Ischemic Cerebrovascular Event	62 (2)	88 (3)	0.70	0.50 – 0.97
Endometrial Cancer[3]	4 (0.2)	13 (0.6)	0.31	0.10 – 0.94

[1]Patients with multiple events in the same category are counted only once in that category. [2]Refers to joint symptoms, including joint disorder arthritis, arthrosis and arthralgia. [3]Percentages calculated based upon the numbers of patients with an intact uterus at baseline.

Patients receiving ARIMIDEX had an increase in joint disorders (including arthritis, arthrosis and arthralgia) compared with patients receiving tamoxifen. Patients receiving ARIMIDEX had an increase in the incidence of all fractures (specifically, fractures of spine, hip and wrist) [315 (10%) compared with patients receiving tamoxifen [209 (7%)]. Patients receiving ARIMIDEX had a decrease in hot flashes, vaginal bleeding, vaginal discharge, endometrial cancer, venous thromboembolic events and ischemic cerebrovascular events compared with patients receiving tamoxifen. Patients receiving ARIMIDEX had an increase in hypercholesterolemia (278 [9%]) compared to patients receiving tamoxifen (108 [3.5%]). Angina pectoris was reported in 71 [2.3%] patients in the ARIMIDEX arm and 51 [1.6%] patients in the tamoxifen arm; myocardial infarction was reported in 37 [1.2%] patients in the ARIMIDEX arm and in 34 [1.1%] patients in the tamoxifen arm. Results from the ATAC trial bone substudy at 12 and 24 months demonstrated that patients receiving ARIMIDEX had a mean decrease in both lumbar spine and total hip bone mineral density (BMD) compared to baseline. Patients receiving tamoxifen had a mean increase in both lumbar spine and total hip BMD compared to baseline. **First Line Therapy**: ARIMIDEX was generally well tolerated in two well-controlled clinical trials (ie. Trials 0030 and 0027). Adverse events occurring with an incidence of at least 5% in either treatment group of trials 0030 and 0027 during or within 2 weeks of the end of treatment are shown in Table 10.

Table 10

Body System Adverse Event[a]	Number (%) of Subjects ARIMIDEX (N=506)	Tamoxifen (N=511)	Body System Adverse Event[a]	Number (%) of Subjects ARIMIDEX (N=506)	Tamoxifen (N=511)
Whole body			**Metabolic and Nutritional**		
Asthenia	83 (16)	81 (16)	Peripheral Edema	51 (10)	41 (8)
Pain	70 (14)	73 (14)	**Musculoskeletal**		
Back Pain	60 (12)	68 (13)	Bone Pain	54 (11)	52 (10)
Headache	47 (9)	40 (8)	**Nervous**		
Abdominal Pain	40 (8)	38 (7)	Dizziness	30 (6)	22 (4)
Chest Pain	37 (7)	37 (7)	Insomnia	30 (6)	38 (7)
Flu Syndrome	35 (7)	30 (6)	Depression	23 (5)	32 (6)
Pelvic Pain	23 (5)	30 (6)	Hypertonia	16 (3)	26 (5)
Cardiovascular			**Respiratory**		
Vasodilation	128 (25)	106 (21)	Cough Increased	55 (11)	52 (10)
Hypertension	25 (5)	36 (7)	Dyspnea	51 (10)	47 (9)
Digestive			Pharyngitis	49 (10)	68 (13)
Nausea	94 (19)	106 (21)	**Skin and Appendages**		
Constipation	47 (9)	66 (13)	Rash	38 (8)	34 (8)
Diarrhea	40 (8)	33 (6)	**Urogenital**		
Vomiting	38 (8)	36 (7)	Leukorrhea	9 (2)	31 (6)
Anorexia	26 (5)	46 (9)			

[a] A patient may have had more than 1 adverse event

Less frequent adverse experiences reported in patients receiving ARIMIDEX 1 mg in either Trial 0030 or Trial 0027 were similar to those reported for second-line therapy. Based on results from second-line therapy and the established safety profile of tamoxifen, the incidences of 9 prespecified adverse event categories potentially causally related to one or both of the therapies because of their pharmacology were statistically analyzed. No significant differences were seen between treatment groups.

Table 11

Adverse Event Group[a]	Number (N) and Rercentage of Patients ARIMIDEX 1 mg (N=506) N (%)	NOLVADEX 20 mg (N=511) N (%)	Adverse Event Group[a]	Number (N) and Percentage of Patient ARIMIDEX 1 mg (N=506) N (%)	NOLVADEX 20 mg (N=511) N (%)
Depression	23 (5)	32 (6)	Hot Flushes	134 (26)	118 (23)
Tumor Flare	15 (3)	18 (4)	Vaginal Dryness	9 (2)	3 (1)
Thromboembolic Disease[b]	18 (4)	33 (6)	Lethargy	6 (1)	15 (3)
Venous[b]	5	15	Vaginal Bleeding	5 (1)	11 (2)
Coronary and Cerebral	13	19	Weight Gain	11 (2)	8 (2)
Gastrointestinal Disturbance	170 (34)	196 (38)			

[a] A patient may have had more than 1 adverse event. [b] Includes pulmonary embolus, thrombophlebitis, retinal vein thrombosis. Includes myocardial infarction, myocardial ischemia, angina pectoris, cerebrovascular accident, cerebral ischemia and cerebral infarct.

Despite the lack of estrogenic activity for ARIMIDEX, there was no increase in myocardial infarction or fracture when compared with tamoxifen. **Second Line Therapy**: ARIMIDEX was generally well tolerated in two well-controlled clinical trials (i.e. Trials 0004 and 0005), with less than 3.3% of ARIMIDEX-treated patients and 4.0% of the megestrol acetate-treated patients withdrawing due to an adverse event. The principal adverse event reported common with ARIMIDEX than megestrol acetate was diarrhea. Adverse events reported in greater than 5% of the patients in any of the treatment groups in these two well-controlled clinical trials, regardless of causality, are presented below.

Table 12 Number (N) and Percentage of Patients with Adverse Event[†]

Adverse Event	ARIMIDEX 1 mg (N=262) N (%)	ARIMIDEX 10 mg (N=246) N (%)	Megestrol Acetate 160 mg (N=253) N (%)	Adverse Event	ARIMIDEX 1 mg (N=262) N (%)	ARIMIDEX 10 mg (N=246) N (%)	Megestrol Acetate 160 mg (N=253) N (%)
Asthenia	42 (16)	33 (13)	47 (19)	Pharyngitis	16 (6)	23 (9)	15 (6)
Nausea	41 (16)	48 (20)	28 (11)	Dizziness	16 (6)	12 (5)	15 (6)
Headache	34 (13)	44 (18)	24 (9)	Rash	15 (6)	15 (6)	19 (8)
Hot Flashes	32 (12)	29 (11)	21 (8)	Dry Mouth	15 (6)	11 (4)	13 (5)
Pain	28 (11)	38 (15)	29 (11)	Peripheral Edema	14 (5)	21 (9)	28 (11)
Back Pain	28 (11)	26 (11)	19 (8)	Pelvic Pain	14 (5)	17 (7)	13 (5)
Dyspnea	24 (9)	27 (11)	53 (21)	Depression	14 (5)	6 (2)	5 (2)
Vomiting	24 (9)	26 (11)	16 (6)	Chest Pain	13 (5)	18 (7)	13 (5)
Cough Increased	22 (8)	18 (7)	19 (8)	Paresthesia	12 (5)	15 (6)	9 (4)
Diarrhea	22 (8)	18 (7)	7 (3)	Vaginal Hemorrhage	6 (2)	4 (2)	13 (5)
Constipation	18 (7)	18 (7)	21 (8)	Weight Gain	4 (2)	9 (4)	30 (12)
Abdominal Pain	18 (7)	14 (6)	18 (7)	Sweating	4 (2)	3 (1)	16 (6)
Anorexia	18 (7)	19 (8)	11 (4)	Increased Appetite	0 (0)	1 (0)	13 (5)
Bone Pain	17 (6)	26 (10)	19 (8)				

[†] A patient may have more than one adverse event.

Other less frequent (2% to 5%) adverse experiences reported in patients receiving ARIMIDEX 1 mg in either Trial 0004 or Trial 0005 are listed below. These adverse experiences are listed by body system and are in order of decreasing frequency within each body system regardless of assessed causality. **Body as a Whole**: Flu syndrome, fever, neck pain, malaise, accidental injury, infection. **Cardiovascular**: Hypertension, thrombophlebitis. **Hepatic**: Gamma GT increased, SGOT increased, SGPT increased. **Hematologic**: Anemia, leukopenia. **Metabolic and Nutritional**: Alkaline phosphatase increased, weight loss. Mean serum total cholesterol levels increased by 0.5 mmol/L among patients receiving ARIMIDEX. Increases in LDL cholesterol have been shown to contribute to these changes. **Musculoskeletal**: Myalgia, arthralgia, pathological fracture. **Nervous**: Somnolence, confusion, insomnia, anxiety, nervousness. **Respiratory**: Sinusitis, bronchitis, rhinitis. **Skin and Appendages**: Hair thinning, pruritus. **Urogenital**: Urinary tract infection, breast pain. The incidences of the following adverse event groups, potentially causally related to one or both of the therapies because of their pharmacology were statistically analyzed: weight gain, edema, thromboembolic disease, gastrointestinal disturbance, hot flushes, and vaginal dryness. These groups, and the adverse events captured in the groups, were prospectively defined. The results are shown in the table below.

Table 13 Number (N) and Percentage of Patients

Adverse Event Group	ARIMIDEX 1 mg (N=262) N (%)	ARIMIDEX 10 mg (N=246) N (%)	Megestrol Acetate 160 mg (N=253) N (%)
Gastrointestinal Disturbance	77 (29)	81 (33)	54 (21)
Hot Flushes	33 (13)	29 (12)	35 (14)
Edema	19 (7)	28 (11)	35 (14)
Thromboembolic Disease	9 (3)	4 (2)	12 (5)
Vaginal Dryness	5 (2)	3 (1)	2 (1)
Weight Gain	4 (2)	10 (4)	30 (12)

More patients treated with megestrol acetate reported weight gain as an adverse event compared to patients treated with ARIMIDEX 1 mg ($p<0.00$). Other differences were not statistically significant. An examination of the magnitude of change in weight in all patients was also conducted. Thirty-seven percent (87/253) of the patients treated with megestrol acetate experienced weight gain of 5% or more, and 11% (27/253) of the patients treated with megestrol acetate experienced weight gain of 10% or more. Among patients treated with ARIMIDEX 1 mg, 13% (33/262) experienced weight gain of 5% or more and 3% (6/262) experienced weight gain of 10% or more. On average, this 5 to 10% weight gain represented between 6 and 12 pounds. No patients receiving ARIMIDEX or megestrol acetate discontinued treatment due to drug-related weight gain. Vaginal bleeding has been reported infrequently, mainly in patients during the first few weeks after changing from existing hormonal therapy to treatment with ARIMIDEX. If bleeding persists, further evaluation should be considered. During clinical trials and postmarketing experience joint pain/stiffness has been reported in association with the use of ARIMIDEX. ARIMIDEX may also be associated with rash including very rare cases of mucocutaneous disorders such as erythema multiforme and Stevens-Johnson syndrome. Very rare cases of allergic reactions including angioedema, urticaria and anaphylaxis have been reported in patients receiving ARIMIDEX.

OVERDOSAGE

Clinical trials have been conducted with ARIMIDEX up to 60 mg in a single dose given to healthy male volunteers and up to 10 mg daily given to postmenopausal women with advanced breast cancer; these dosages were well tolerated. A single dose of ARIMIDEX that results in life-threatening symptoms has not been established. In rats, lethality was observed after single oral doses that were greater than 100 mg/kg (about 800 times the recommended human dose on a mg/m² basis) and was associated with severe irritation to the stomach (necrosis, gastric ulceration and hemorrhage). In an oral acute toxicity study in the dog the median lethal dose was greater than 45 mg/kg/day. There is no specific antidote to overdosage and treatment must be symptomatic. In the management of an overdose, consider that multiple agents may have been taken. Vomiting may be induced if the patient is alert. Dialysis may be helpful because ARIMIDEX is not highly protein bound. General supportive care, including frequent monitoring of vital signs and close observation of the patient is indicated.

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Individual

What Bunny Did For Love

When Will Sherman saved the life of an abandoned bulldog, he never dreamed how soon the dog would return the favor



"Bunny has the courage of a wolf," says Will, with his beloved bulldog near their Florida home

All day long, Will Sherman, 37, couldn't shake the odd sensation in his head. "It's like someone opened my skull and poured in a cupful of needles," he told a colleague at his job writing computer software for the state of Florida. When he checked in with his wife, Cindy, over the phone, he mentioned it casually. "Maybe it's stress," Will said.

He had good reason to be stressed—the fragile bulldog he and Cindy had adopted just two weeks earlier had developed a bad cough. A friend of the Shermans had spotted the abandoned dog wandering alongside a rural highway near Tallahassee, where the Shermans lived. She picked up the stray but didn't have room for another in her own menagerie. She thought Will and Cindy, who have an animal-lover reputation almost as big as their vet bills, might, although they had no other dogs at the time.

"She knew we're suckers for hurt animals," says Will, who won't divulge the exact number of rescued critters they keep but hedges that it's somewhere in the teens. (Suffice it to say that he calls Cindy, 39, a stay-at-home mom although the pair have no children.) "It helps us sleep at night knowing we're doing all we can to help."

The bulldog that padded CONTINUED



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FROM KITCHEN TO KIBBLE



3 FINICKY CATS. ONE DETERMINED OWNER. AND THE FOOD THAT SAVED THE DA

PERSNICKETY TIMES 3.

Marian Purcell of Los Angeles, California knew she'd have her hands full with her three beautiful cats: Rosebud, 6; Max, 1; and Dorothy, 9 months. She just didn't realize how challenging it would be to make them all happy. "I have tried many foods, and I've had such a hard time pleasing all three palates," said Purcell. But she was determine to find one formula for everyone. One day, Purce heard about the Purina ONE Challenge on her local radio station and decided to sign up. She's convinced she made the right decision. "I have

nd that they are healthier
happier since I've been
ng Purina ONE," said Purcell
d the vet says that all three
in excellent health."

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Why is that in there? And what does it do?
A quick guide to Purina ONE's nutrients and benefits

Nutrition Source	Health Benefit
Optimal protein levels	Helps maintain a lean, energetic body and strong muscles for strength, mobility and flexibility
Rich in antioxidants	Helps support a strong immune system
Calcium and phosphorus	[illegible] healthy bones
Real salmon, tuna, chicken & rice	[illegible] results in optimal nutrient absorption; more nutrients [illegible] waste
Vitamin E and omega-6 fatty acids	[illegible] at's healthy skin and lustrous coat
Taurine, an essential amino acid	[illegible]
Crunchy kibble	[illegible] whitens teeth and freshens breath



Will, like Bunny, was bullied as a youth—giving the two a deep connection

into their condo the next day—newly treated for fleas but wasp-waisted and suffering from eye and ear infections—certainly needed help. Will gave her a once-over and immediately locked in on the spirit flashing in her eyes. "She had the zest of a 7-year-old kid on the first day of vacation," he says. "I could see right away that she was the kindest, most crazily happy, appreciative animal I'd ever met."

Cindy says, "Will's eyes were begging me, 'Please, please don't say no!'"

It was an easy sell. "I'd seen Will get teary when he talked about his childhood dogs," Cindy says. Her husband, like the bulldog, had been bullied as a kid, she knew. Her fear that the cats and dog would fight quickly subsided; Bunny seemed sensitive to cat etiquette.

At Bunny's first vet visit, far from being balky or difficult, she relished the attention. "No matter what they were doing to her, she'd just stick out her snaggly, underslung jaw and look at me with the most heartbreaking submission," says Will. "She was as sweet as could be, which was amazing, considering I was practically a stranger."

Vaccines and checkups followed, but Bunny, so named for her gentle ways, remained as docile as ever, joyfully snorting through treatments and showering the vet with slobbery kisses as proof of no hard feelings. Meanwhile Will, who had lived with cats for years, was in man's best-friend heaven. "As an adult, you sometimes have to wonder what people are really thinking," Will says. "With dogs, their hearts are on their sleeve."

Even the vet commented on their strong bond. "You're going to drive yourself crazy worrying about that dog," he told Will good-naturedly while treating her cough (related to her treatment for heartworm) with a steroid shot on that fateful day. They left the office and walked through the quiet parking lot to the car. Just as Will opened the car door everything went black and he lost consciousness.

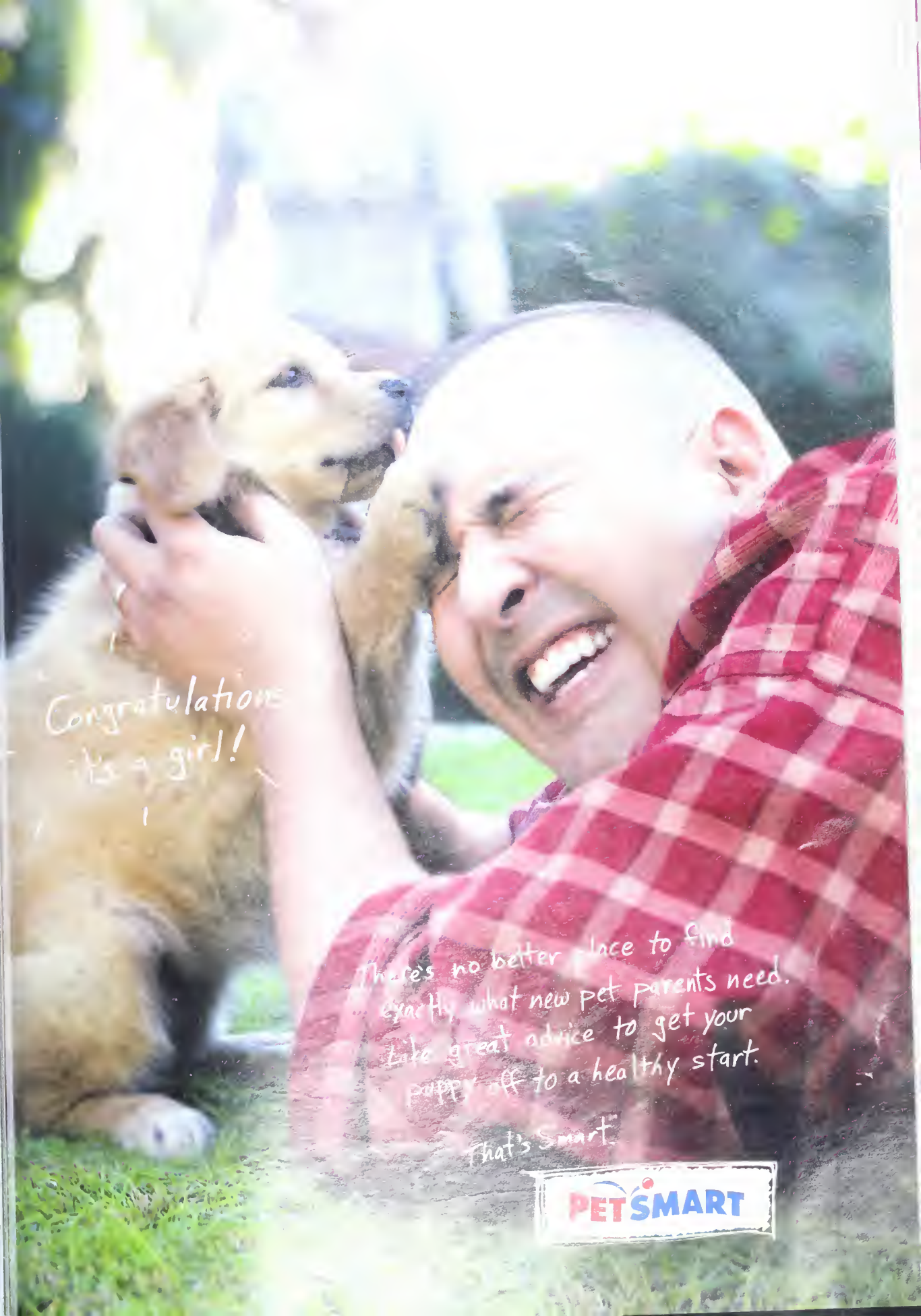
No one knows exactly what happened next, but the scratches around Will's neck were one clue that Bunny began pawing him, presumably trying to rouse him. Getting no response, Bunny bolted about 20 yards to the vet's office and began barking and scratching at the door. The receptionist, who was sitting at her desk just inside, began to wonder whether something was wrong; Will was too protective to let Bunny off her leash otherwise.

Looking out the door, she saw Will slumped over the steering wheel. By the time she and her coworkers reached him, he was convulsing, his body half out of the car. Foam poured from his mouth as the vet's lab technician, who happened to moonlight as an EMT, held his head steady.

Just before the ambulance came Will regained consciousness but couldn't remember his name or phone number. An ambulance took him to the hospital, where he was given a CT scan and a diagnosis: a grand mal seizure, a type of epileptic seizure caused by abnormal electric discharges in the brain. Will was shaken by the epileptic attack—nothing like it had ever happened to him. Discharged that night, he went home to his duplex, where Bunny bounded into his arms.

Will didn't learn the whole story of Bunny's heroism until a few weeks later. "If someone hadn't been notified so quickly, the outcome could have been much, much worse," says Mike Pridgeon, Bunny's vet. To date Will has had no further seizures.

Will still shudders at the thought of what could have happened had Bunny not been there. "I'm used to rescuing animals," he says, "but to have an animal rescue me? Just the thought of it chokes me up."


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He Says, She Says



My wife asked me the other day if she was looking fat, so I said yeah, I'd noticed she'd packed on about 20 pounds. Now she's sulking, calling me "Baldy" and saying I'm heartless. Hey—she *asked!* Why can't women handle the truth?

She Says Let me do a little role-playing for you. When she asks, "Does this _____ make me look fat?" your answer is *no!* In fact, the answer to any question with the word *fat* in it is no. Do not ask me to explain. Do not ask me to justify. At some point she will decide for herself she is unhappy about the extra pounds and she alone will do something about it. Until that time, just shut up and take my advice. You will lead a happier life for it.

He Says Come on, guy, answers to a wife's questions about weight and age call for subtlety (if not outright lying), especially if you're a poster boy for the Sy Sperling Hair Club for Men. Instead, call to your addled mind all the women who are curvy yet extremely foxy. I'm talking Catherine Zeta-Jones, Nigella Lawson and Pamela Anderson. Then tell your wife they remind you of her. If that doesn't work, shave your head. It's your only hope.

My husband's teenage niece acted like a feral cat to me at the last family get-together. Not only did he not come to my defense, but he says I'm overreacting because I said I wouldn't speak to her again till I get a proper apology!

She Says Stick to your guns. Rude is rude, and you deserve an apology. (Be sure she knows exactly what you're mad about, though. Random teenage sulking doesn't count as an affront.) A kid who's allowed to be offensive is a kid whose family never bothers to confront her. If you're cast as the meanie, so be it. In a few years she'll be grateful that someone expected her to act like a civilized human being.

He Says Let's face it: The response time to a teenage girl's social infraction is as quick as her hair check in a mall window. And you gotta realize that your husband is very unlikely to make any waves with his relatives, no matter how inappropriate their behavior. So just pick up the horn and say that you won't be coming to their next bash until Ms. Hormonal-Rage-in-a-Belly-Shirt says she's sorry—and means it!

My husband and I have socialized with this other couple for years, and now they're divorcing. I intend to remain great friends with the wife. My husband says to steer clear of them both. He's really angry about this—what gives?

She Says You're not taking sides. It always irritates me when men accuse women of being catty with each other and then, when we behave as true friends should, we're labeled as being anti-male. So tell your husband you and your friend don't engage in slag-fests about her ex (*uh*, you don't, right?); you have lives, and interests, beyond that. And if, after a while, you help her compose that perfect Match.com ad that gets her back in the game, well, that's what friends are for, right?

He Says I say respect your husband's wishes. Continuing to socialize with the ex-wife is taking sides. Besides, do you really want to hear about Sir Scummy's lack of sensitivity and his adventures with his woe-begotten group of Scotch-soaked buddies? No, you don't, and neither does your husband, which is why he's telling you to stay far away. You'd be better off spending your time watching *Divorce Court* than taking part in their real-life version of it.

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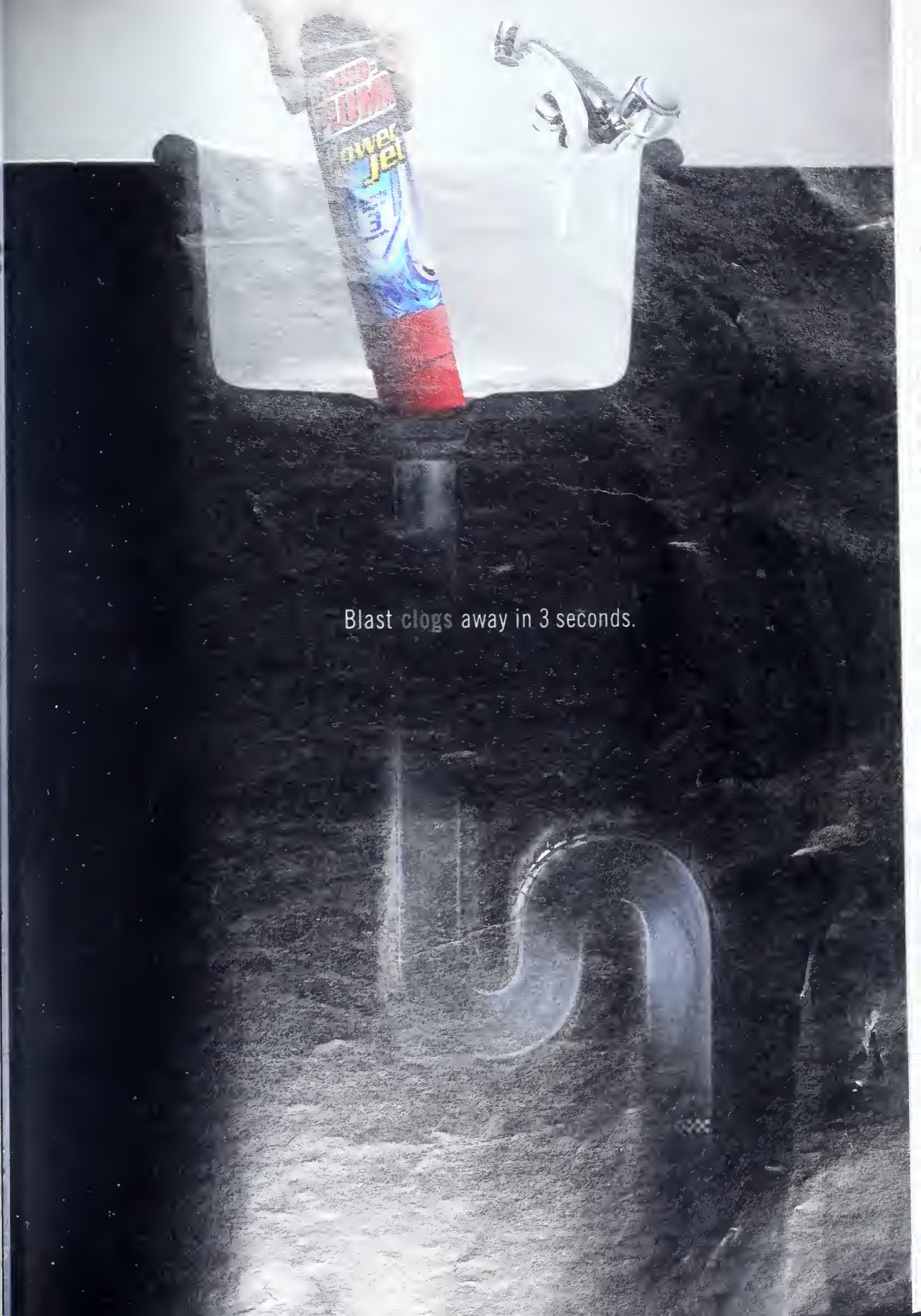


"My Husband Is a Tightwad"

Her turn: "Michael has a double standard when it comes to money," says Patricia, 34, about her husband of three years. "He is a successful attorney who collects expensive wine, wears designer suits, plunks down hundreds of dollars for dinner at fancy restaurants and takes upscale vacations. But when it comes to furniture, renovations, groceries, my wardrobe, baby gear or gifts—in other words, stuff I value—he's a tightwad. Michael claims my spending is out of control, so now he's micromanaging our finances. He insists that I turn over receipts and flies into a rage if I've bought 'too many' bath towels or 'spent too much' on my sister's birthday present. We fight constantly. Our daughter, Allyson, is only 6 months old; I hate to think that she's growing up in a home with so much hostility.

"In fact, I'm a superb bargain hunter—I never pay retail for anything. But Michael is disdainful of the effort I spend finding the right deal. He's loving and attentive to Allyson, but he acts like I can't do anything right. Thanks to my hard work, our Philadelphia condo is beautifully decorated. But has he ever paid me a single compliment? No. All he does is criticize.

"Our approach to money reflects our d ferent approaches to life: I'm an optimi whereas Michael's a pessimist who is co vinced a pink slip and doomsday are ju around the corner. He earns a handsor salary. We're investing wisely. We pay o credit cards in full every month and ca no debt beyond our mortgage. Plus, have plenty of discretionary incom despite the fact that I have no salary at t moment because I'm staying home wi the baby. But for the past year we've fou nonstop about money. Our CONTINU


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arguments get really ugly. Then we give each other the silent treatment for days. We're so angry we hardly ever have sex.

"I grew up in a middle-class family, the eldest of three daughters. Mom was a housewife and Dad worked in insurance. We never ate out or took vacations—luxuries I take for granted now. Still, I didn't feel deprived and overall, my childhood was happy. I'm still close with my parents and sisters.

"I met Michael five years ago at a friend's wedding. He was just out of law school and had accepted a job at a top firm in Philadelphia. I worked in sales for a fabric company. I was drawn to Michael's good looks as well as his dry wit, which shone through as we discussed movies, theater and city life. The next day he invited me to dinner. We clicked so well that soon we were inseparable.

"Our personalities are very different: I'm spur of the moment and a bit disorganized, always juggling a million things; Michael is disciplined, efficient and focused on the task at hand. But back then, we found our differences appealing and even joked that it would do us good if my spontaneity rubbed off on him and his responsibility rubbed off on me!

"As newlyweds Michael and I got along great. We never argued. We ate at fancy restaurants and spent summer weekends at the beach. Things started to sour when I became pregnant with Allyson. We were surprised that I conceived immediately. In retrospect, Michael wasn't emotionally prepared for fatherhood. As my pregnancy progressed, he became increasingly stressed out about the financial responsibility of raising a child.

"Since our one-bedroom condo was too small for a family, we bought a two-bedroom in a luxury high-rise. We got a great deal, but the place needed a total overhaul. I missed a lot of work in my first trimester because of horrible morning sickness, so I quit my job and focused on the renovation, hiring and supervising the architect and a platoon of contractors. We created a budget, but we grossly underestimated the costs and how long the project would take. As it stretched on, Michael became more and more nervous about the escalating expense. When I asked him to help make decisions, he dragged his feet until I ended up deciding alone—only to face his criticism after he saw the bills.

"One of our most vicious fights was about $2,500 I spent on a still life painting for our foyer. The artist is a friend and he gave it to me as a 'loaner' so we could see whether it was right for our space. I adored it, and my friend offered to sell it to me for half price. Michael lost his temper when he saw the canceled check. He claimed I bought the painting 'behind his back,' yet I distinctly recall that he never gave me a straight answer when I asked whether he liked it.

> "It's gotten so that she hides purchases in places she thinks I won't look"

"We also argue abou what I spend on baby stu At an upscale store, I fell love with an $1,100 cr that converts to a toddl bed, but I did my hom work and got it for $800 an online outfit. Yes, it w expensive even with th discount. Yes, I could buy crib at Sears for a lot le money. But it's a beautiful piece that will b in our family for generations, and we cou afford it. Still, Michael went ballistic whe the bill came in. That's when he demande that I hand over every receipt for his revie

"The renovation project is almost ove but not our fights. Michael thinks I buy to many clothes and shoes for myself and ju the other day screamed at me for 'hidin my purchases in the back of our closet ar accused me of lying. It's true I don't go o of my way to tell him what I've bought. B does that make me a liar? What about h spending? I haven't noticed him cuttin back on his wine collection.

"Recently, Michael has been staying o late at client dinners, drinking too much ar forgetting to tell me he'll be late. I know he doing this to spite me. In addition to h work and money worries, Michael is ang that I don't pay as much attention to him I used to. But how can I? After a long d with the baby and everything related to t renovation, I'm wiped out. I still love M chael and don't want a divorce, but I ca bear the way things are now."

His turn: "So Patricia thinks I'm a tigh wad," said Michael, 30, in a clipped ton "Well, I call it being financially responsibl We're investing for our retirement and o daughter's education, but I'd like us stash away more of my salary. My wife ju wants to spend it.

"Patricia goes overboard on everythin She buys too much food—and she shops gourmet stores, not super- CONTINU


Step into a fresher house.
Fresh Step

markets. She's extravagant when it comes to clothes for herself and Allyson as well as gifts for friends and family. She owns 75 pairs of shoes: her side of our closet is so packed I don't know how she finds anything. Yes, I flew off the handle after she spent $800 on a crib. And yes, I now insist she turn over all her receipts. I got tired of being unpleasantly surprised every month when the bills rolled in. But I'm hardly the cheapskate she makes me out to be: I collect fine wine and pay top dollar for business suits. Like Patricia, I like having a nicely furnished home. But do we need a designer sofa? Won't a moderately priced one do?

"Sometimes I think I'm just a paycheck to Patricia. When I ask her about bills, she ignores me or gets defensive. So then I yell or make hurtful comments, thinking maybe that will get through to her. It doesn't. Patricia hasn't reduced her spending. Our relationship is in shambles. Our sex life is all but nonexistent.

"My cautious attitude about money is rooted in my childhood. Mom was a housewife who doted on her four kids. Dad was a lawyer who squandered his salary on alcohol. My parents ended up getting divorced when I was 18, and at retirement my father had nothing but Social Security to live on. I do not want to end up like him. I worked part-time at a supermarket in high school to earn money for college because Dad wouldn't pay for it. I put myself through law school with loans I'm still paying off. I find it ironic that I'm now the one accused of being 'cheap.'

"Patricia is the most beautiful, energetic woman I've ever met—the kind of person whose natural radiance attracts people. On the night we met she was a fount of information on Philadelphia, where I was a newcomer. Within a few months, I was madly in love. Patricia brought an excitement to my life that I hadn't known I was missing.

"When we were dating I sensed that Patricia was more liberal with money than I was but I didn't realize how wide the gap was until we started remodeling the condo. We set a budget for everything, and I made it clear that I wanted to stick to it. With a baby on the way, I felt anxious about the expense of raising a child. I wanted to exercise some restraint, especially since Patricia stopped working after her first trimester. I didn't mind that—she was so sick in the beginning she could barely work anyway—but I don't like the fact that she disregarded all my concerns. If she found something for our home that was beyond our budget but that she couldn't resist—the antique light fixtur in our bathroom, for in stance—she'd buy it withou telling me. Or she'd upgrad to more expensive sinks an faucets, saying the inves ment would enhance ou resale value. I wouldn know about these purchase until I looked in the chec book. One of our wors fights was over that pain ing. I've hated it since th day her friend loaned it t us and I've repeatedly tol her so. But Patricia has selective memory. As fo her claim that I don't hel her make decisions, wel what's the point? She'll d what she wants anyway.

"Patricia is deceitful i other ways, too. It's gotte to the point where she hid her purchases in places sh thinks I won't look. Once came across an expensiv leather handbag with the tags still on wedged behind pots and pans in a kitche cabinet. When I asked her about it, she cri and accused me of not loving her.

"Yes, I'm guilty of staying out late wi clients and not calling. Yes, I'm guilty drinking a bit too much these days. I' ashamed of this behavior, but I'm so u happy at home that client events have b come a refuge. I love my wife, and I wa our marriage to work, but this money sit ation cannot continue."

"Patricia needed to stick to a budget, but Michael had to stop questioning every purchase"



The counselor's turn: "Both Micha and Patricia found in the other what th were looking for in a mate—a complemen said the counselor. "The spontaneous, bt scattered, Patricia needed a man who w practical and organized, while the reserve but controlling, Michael needed a woma who was more exuberant. CONTINUD

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HOW DOES IMITREX WORK?
How IMITREX works is not completely understood. IMITREX is a 5-HT_1 agonist that seems to relieve migraine headaches by acting like a brain chemical called 5-hydroxytryptamine, causing some blood vessels in the head that are swollen during a migraine to constrict, that is, to become smaller, which helps relieve migraine headache.
IMPORTANT SAFETY CONSIDERATIONS
Although the vast majority of patients who have taken IMITREX have not experienced any significant side effects, some patients have experienced serious heart problems and, rarely, considering the extensiveness of IMITREX use worldwide, deaths have been reported. In all but a few instances, however, serious problems occurred in patients with known heart disease and it was not clear whether IMITREX was a contributing factor in these deaths. Serious events relating to the blood vessels in the head (eg, brain hemorrhage, stroke) have been reported in patients who were taking IMITREX. Some of these have resulted in death; however, the relationship of IMITREX to these events is uncertain. In a number of these cases it appears possible that patients were not experiencing a migraine but, rather, an event due to blood vessel disease in the head. IMITREX was given in the incorrect belief that the person may have been suffering a migraine. Therefore, you should not take IMITREX if the headache you are experiencing is different from your usual migraine attacks. People who suffer from migraines may be at increased risk of certain blood vessel events (eg, brain hemorrhage, stroke or transient ischemic attack).
Ask your doctor about these and additional safety considerations.
WHO SHOULD NOT TAKE IMITREX?
Some types of migraine headaches should not be treated with IMITREX and some patients should not take IMITREX because of an increased risk of serious side effects.
- If you have had a heart attack, stroke, transient ischemic attacks, peripheral vascular disease (including ischemic bowel disease or Raynaud syndrome), or any sort of heart disease or symptoms that are associated with constriction of blood vessels (such as ischemic heart disease, angina or coronary artery vasospasm), you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use IMITREX.
- If you are taking certain drugs for depression, talk with your doctor. IMITREX should not be used if you take or have taken within the last 2 weeks monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches you have. If you have hemiplegic or basilar migraine, you should not take IMITREX. IMITREX should be used only in patients who have been diagnosed by a physician as having migraine with or without aura.
- Tell your doctor about any other medicines you are taking. If you are currently taking any migraine medicines that include ergot alkaloids, such as methysergide or dihydroergotamine, or other 5-HT_1 agonists, do not take IMITREX within 24 hours of taking these medicines.
- Do not take IMITREX if you are allergic to sumatriptan or any of the ingredients in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS WITH MY DOCTOR?
- If you have risk factors for heart problems, you should tell your doctor. Your doctor should examine you for heart disease to see whether IMITREX is appropriate for you. Risk factors include high blood pressure, high cholesterol, obesity, diabetes, and smoking. Other patients with risk factors for heart disease are women who are past menopause (whether natural menopause or menopause resulting from surgery), men over 40 years old, or patients with a family history of heart disease. If you have risk factors and your evaluation for heart disease is satisfactory, your doctor may ask you to take the first dose of IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath, or irregular heartbeats.
- Tell your doctor if you are taking selective serotonin reuptake inhibitors (SSRIs).
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medicine because of an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant, think you may be pregnant, are trying to become pregnant, are not using adequate birth control methods, or are breast-feeding, unless you have discussed this with your doctor.
HOW TO USE IMITREX TABLETS
For adults, the usual dose is a single tablet swallowed whole with fluids. Do not split tablets. A second tablet may be taken if your symptoms of migraine come back or if you have partial response to the first dose, ***but no sooner than 2 hours after taking the first tablet.*** For a given attack, if you have no response to the first tablet, do not take a second tablet without first consulting with your doctor. Do not take more than a total of 200 mg of IMITREX Tablets in any 24-hour period.
The safety of treating an average of more than four headaches in a 30-day period has not been established.
WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?
These are the most frequently seen side effects. Your doctor has a more complete list of side effects that may be related to IMITREX.
- Some patients feel tightness in the chest, throat, neck or jaw when using IMITREX. If this happens, you should not continue with your doctor before using any more IMITREX. If the symptoms are severe or don't go away, call your doctor immediately.
- If you have a sudden or severe allergic reaction after taking IMITREX, call your doctor immediately.
- Shortness of breath, wheezing, or tightening (swelling) of the eyelids, face or lips, or a skin rash, hives, or itching, especially if they happen to you, tell your doctor immediately. Do not take any more IMITREX unless your doctor tells you to.
- Some patients have feelings of tingling, warmth, heaviness, tightness, pressure or numbness of the face, neck, throat, chest, or limbs, usually after taking IMITREX. These sensations are usually not severe. You may want to discuss your doctor about these effects should they occur.
- If you feel unwell in any other way because of IMITREX and you do not understand why after taking IMITREX, tell your doctor.

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?
If you have taken more IMITREX than you have been prescribed, either your doctor, a hospital emergency department, or a poison control center immediately.
HOW SHOULD I STORE IMITREX?
Keep out of reach of children. IMITREX should be stored at room temperature. Do not remove tablets from package until you are ready to take them. Do not store in any other container. Store between 15°C and 30°C (59°F and 86°F). Do not use after the expiration date on package.

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Yet, as often happens, the very qualities that drew them together now threatened to tear them apart.

"Why is this? If you marry your complement, it's vital that you accept your differences. If you try to change the other person, you'll butt heads for the rest of your lives. That's what was happening here: Patricia's spontaneity contributed to her impulsive spending, and she was furious when her husband assumed a paternalistic role. His controlling nature contributed to his fiscal caution, and he was furious that she was irresponsible with their money.

"The arrival of a baby usually amplifies such differences. That was the case with Patricia and Michael, who didn't expect to become parents so quickly. He was still reeling from the reality of impending fatherhood when Patricia's spending on everything began to escalate. Michael retaliated by distancing himself from Patricia and becoming tighter with money. When the couple started counseling, they were so angry they didn't even listen to each other.

"My first task was to get them to understand how their families had shaped their attitudes about money. As a child, Patricia never imagined that she'd have access to the type of money that Michael earns, and she was behaving like the proverbial kid in a candy store. Her inherently disorganized nature contributed to her impulsiveness. For example, if she found towels on sale, she'd buy four sets, even if she needed only two. Excessive spending can be a cry for help. But I think for Patricia the inclination was a function of her background and sincere desire to create a beautiful home. The fact that she took so much pleasure from decorating reinforced her extravagance.

"For Michael, a fear of ending up like his father turned him into a fiscal conservative. Although he was generous early in the marriage, the more he offered Patricia, the more she wanted. By pushing the limits, Patricia was turning her husband into a controlling daddy figure.

"I helped Michael see that Patricia's spending was not driving them into debt, and I helped Patricia see that Michael's concerns about his job security and his desire to save money were reasonable. They needed to strike a balance between their extremes. For Patricia, that meant creating budgets for renovation projects, general household expenses and clothing and sticking to them. She also had to stop spending impulsively, to stop rationalizing that she bought only 'on sale' and to stop hiding purchases or lying about them to Michael.

"Meanwhile, I urged Michael to stop questioning and reviewing Patricia's every purchase, and to stop being scornful of the time she devoted to the renovation. To allay some of his anxiety, the couple decided to earmark more of his paycheck for investments, making less discretionary income available. They started doing so once the renovation was complete.

"Additionally, the couple had to learn to communicate more effectively. Their pattern of not listening, interrupting, screaming and name-calling only created more and more ill will. 'It's okay to be upset and say, Why did you do that?' I explained, 'but it's not okay to debase one another.' Meanwhile, with no prompting from me, Michael stopped staying out late and drinking too much. He also came to see that it was both unrealistic and selfish to expect Patricia to lavish the same amount of attention on him that she

had given before they became parents.

"I also encouraged Patricia and Michael to be more accepting of each other's personalities. Although people can modify their behavior, they cannot change their core beings. This is a big issue in couples counseling, because spouses often want to change the other spouse in ways that are impossible. It's not as if Patricia will never overspend again or that Michael will become a spendthrift. These two will never see eye to eye on everything—and that's okay. What's most important is that they reach an acceptable compromise.

"Finally, I encouraged Patricia to consider turning her passion for decorating into a profession. Michael, who came to appreciate his wife's skills, agreed and encouraged her to get accredited as an interior designer. Patricia has done this and is planning to launch her own business when Allyson starts preschool.

"The couple spent two years in counseling, working hard to make the changes that ultimately saved their relationship. Not only do they now set and largely stick to a budget, but they also save a larger percentage of Michael's salary. They've also learned to listen more respectfully to each other's concerns. As their relationship improved, they felt more loving toward each other, and their sex life improved.

"'Counseling helped me understand myself better,' Michael told me recently. 'I'm not as uptight about money as I used to be. I realized that Patricia didn't spend money to be vindictive. Rather, she did it to maintain a lifestyle that was within our means.' Both Patricia and Michael credit counseling with making them more patient with each other. 'Best of all,' adds Michael, 'we've fallen in love all over again.'"



"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case [illegible] interviews with clients [illegible] from the files of Mindy [illegible], Ph.D., a clinical psychologist [illegible] ex therapist in New York City. The [illegible] although names and other details have been [illegible] conceal identities. "Can This Marriage Be Saved?" [illegible] egistered trademark of Meredith Corporation.

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Joe and Holly Barruso with Lexi and the newborn twins in 2004

His Daughter Was Coming Between Them

Holly knew Joe was a devoted dad when she married him. But she wasn't prepared to play second fiddle to an 8-year-old

As newlyweds, in 1997, Holly and Joe Barruso, then 26 and 34, were already having major blowups over Lexi, his daughter from a previous marriage. When the 8-year-old came to stay with the Barrusos in Los Angeles for the summer, Holly felt abandoned. "Joe would sit with her until she fell asleep," recalls Holly, a social worker. "I felt jealous and accused Joe of spoiling his daughter."

Joe, an animation artist, admits he was overprotective out of paternal guilt. "My rationale was, 'I can indulge her for the summer because I'm not there the rest of the time,'" he says. Even when Lexi wasn't around, Joe allowed his ex-wife to intrude on his new marriage. "She'd call constantly to discuss Lexi," Joe says. "I'd drop whatever I was doing to talk to her, even if Holly and I were in the middle of dinner." Moreover, Joe and Holly had diametrically opposed fighting styles: He tended to yell; she to withdraw.

The Barrusos sought the help of Bruce Crapuchettes, Ph.D., a psychologist in Altadena, California, trained in Imago Relationship Therapy. Imago teaches couples to break destructive patterns by "dialoguing," a process in which each partner mirrors, validates and empathizes with the other's words. We recently checked in with Joe and Holly, now living in Tampa with their 1½-year-old twins, Kyle and Jeremy.

Holly: Looking back, I realize I was not very welcoming to Lexi, who had come all the way across the country by herself to live for six weeks with her dad and me. That's incredibly tough for an 8-year-old. Bruce helped me see that my reaction stemmed from my insecurity about whether Joe really loved me. Bruce told Joe that Lexi would benefit if he made our marriage his number one priority.

Joe: I made shifts in that direction. For instance, it used to enrage Holly that I'd sit with Lexi until she fell asleep—often long after Holly went to bed herself. Bruce suggested a family meeting, and it was great because Lexi herself came up with the solution. She suggested she start her bedtime routine earlier so Holly would still be up when she fell asleep.

Holly: One helpful technique was the "behavior change request," in which you ask for things you would like from your partner. I told Joe I wanted a weekly date with him, and he agreed.

Joe: Imago techniques also helped us come up with a solution to my ex-wife's inopportune phone calls. Now I'll say, "This isn't a good time. I'll call you tomorrow."

Holly: Lexi is 16 now and we get along great! She's a terrific big sister.

Joe: I love being a dad to all three kids. And Holly and I are more truly in love because we're doing the necessary work.

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TO DEATH?

As long as there has been childhood there have been bullies. But today's bully is more violent and can spread hate fast and wide on the Internet. The results can be far from child's play

Jeff Johnston, 12, was an honors student at Trafalgar Middle School, in Cape Coral, Florida, with a passion for reading and a wide circle of friends. In the fall of 2002, according to Jeff, "out of the blue, this kid I barely knew started trashing me at school, cursing me out under his breath and telling everyone I was gay." Within weeks many of Jeff's friends were shunning him; some even joined the taunting. "They were spreading lies and I couldn't get them to stop," he said. "Even my girlfriend turned against me."

Jeff's mom, Debbie Johnston, an eighth-grade science teacher at Trafalgar, knew about the bullying when her son began [illegible] up in her classroom crying and begging for help. According to Debbie, Jeff believed the culprit, a fellow seventh grader, began passing notes that ridiculed him and spreading rumors that Jeff had supposedly made derogatory comments about other students. Debbie complained to John Stephens, then Trafalgar's assistant principal. Stephens confirms that he spoke with Debbie about Jeff but says that Jeff would not name the bully and that the "instant messages" Jeff was getting were not traceable. "I can tell you the teachers were asked to be very vigilant and watch out for anybody who might be speaking directly to or about Jeffrey," says Stephens. Between then and the end of the school year, the taunts subsided from time to time only to erupt again. "Jeff never knew when this boy would come back after him," says Debbie, 48. "He felt like a sitting target."

The next fall, Debbie says, Jeff, then 13, found himself sharing three classes with the bully, and the torment began anew. Jeff and two classmates had designed an online video game and given the Web site address to friends, but someone apparently hacked into it and used the site to post vicious comments about Jeff—that he was fat and ugly and that he laughed at his friends behind their backs. On the bully's own Web log (which was rife with derogatory and obscene commentary about many students) one entry [illegible] *faggot* [sic]. *he needs to die . . . it seems everytime* [sic] [illegible] *back up* [illegible]." Another entry read, ". . . *I've* [illegible] *it.*" The bully's response to a threat [illegible] school suspension: "*I don't care.*" A school-district [illegible] confirms that Debbie worked with a [illegible] resource officer (an employee of the local police [illegible] security at the school) but said that the [illegible] was unaware of bullying on campus. CONTINUED

and as a result "there's only so much a school can do." (No individual has been named or charged with bullying in this case.)

"Jeff used to be outgoing and confident in sixth grade and at the beginning of seventh grade," Debbie recalls, "but by eighth grade he began dressing all in black and was introverted and obsessed about his appearance." When it came time for ninth grade, Jeff and the bully went to different high schools; by all accounts, Jeff appeared to be doing well at his new school. At the close of the academic year, in May 2005, Jeff's parents took him and his younger brother, William, now 5, on a weeklong vacation to Disney World, where the 15-year-old again appeared happy. But back home he seemed moody and depressed. Then, on the morning of June 29, Debbie and one of her elder sons, Joe, 22, found Jeff's lifeless body in his bedroom closet, where the boy had hanged himself during the night. Several weeks later Debbie discovered a suicide note, composed on May 2, in the "trash" of Jeff's computer. *"Hello Friends, I'm just writing to tell you all I won't be in school anymore. I decided to commit suicide because my life is too hard . . . It's just difficult to explain . . . I hope none of you miss me . . . I'm really sorry."*

Jeff Johnston at 14 in April 2004



THE MAKING OF A BULLY

Cruelty has always been a part of childhood, but many adults are unaware of just how prevalent horrific incidents are. "Bullying—that is, intentionally and chronically inflicting physical or psychological pain—has been around forever," acknowledges SuEllen Fried, coauthor of *Bullies, Targets & Witnesses: Helping Children Break the Pain Chain* and founder of BullySafeUSA, a nationwide educational program. "But the violence has increased in the last few years. And there's a far greater spectrum of tactics—physical, verbal, emotional and sexual—than before."

According to a 2001 study published in the *Journal of the American Medical Association*, around 11 percent of 12- to 15-year-olds are "moderately or frequently" bullied. "Bullying can seriously affect children's mental health, self-esteem, thoughts about suicide, health and academic work," says developmental psychologist Susan Limber, Ph.D., a professor at Clemson University's Institute on Family and Neighborhood Life, in Clemson, South Carolina.

Do experts believe that bullying alone could be responsible for a child's suicide? "It's a chicken-egg question," says Dr. Limber. "Certainly kids who are depressed, who have problems with self-esteem, may react more negatively to bullying than other kids. At the same time, depression and low self-esteem can result from bullying."

One reason the crisis has been hard to contain is that the harassment takes place stealthily, sometimes out of sight of parents and teachers, whether it happens in school bathrooms or in cyberspace. Once bullying is discovered, many adults—assuming it's a rite of passage that teaches kids to stand up for themselves—fail to take it seriously and intervene ineffectively or not at all, according to Nancy Mullin-Rindler, director of the Project on Teasing and Bullying at Wellesley Centers for Women, in Massachusetts.

The growing phenomenon of cyber-bullying has exacerbated the problem. Hiding behind the anonymity of computers, bullies can humiliate their victims by sending vicious text messages and posting hateful rumors in chat rooms, on bulletin boards and on blogs.

"We used to think that bullies were social outcasts with such low self-esteem that they needed to pick on others to feel good about themselves," says Dorothy L. Espelage, Ph.D., associate professor of educational psychology at the University of Illinois at Urbana-Champaign. "But in fact bullies are just as likely to be the popular kids, admired by peers and teachers, especially if they're attractive and athletic." Nor are bullies necessarily from disadvantaged backgrounds. "You'll find bullies in intact families of high economic status," Dr. Espelage notes. "The common denominator seems to be lack of supervision. Kids who are continuously unsupervised by parents are more likely to become bullies."

> "We used to think bullies were social outcasts, but they are just as likely to be the popular kids"

While boys still do more bullying, girls are guilty, too, though their tactics CONTINUED

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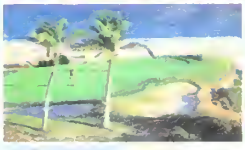
GNC LivWell Wal-Mart VitaminWORLD WAL★MART

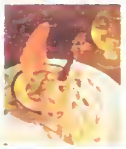
8-week studies in which all groups followed a diet [illegible] lost, on average, significantly more weight than [illegible] Individuals have been remunerated. No weight [illegible] your weight-loss goals. © 2006 Iovate Copy [illegible] Hydroxycut is patent-pending.

[illegible] extract, chromium polynicotinate and Gy[illegible] vary. †Angel used Hydroxycut and other MuscleTech [illegible]. Regular exercise and proper nutrition are essential for [illegible] are owned by their trademark owners and are used with

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IF YOUR CHILD IS BEING CYBER-BULLIED

Recognize the Problem Such online sources as *www.wiredsafety.org*, *www.wiredkids.org*, *www.internetsuperheroes.org*, *www.stoptextbully.com* and *StopCyberbullying.org* explain what constitutes cyber-bullying and outline steps parents can take to protect their children.

Keep Personal Computers Public Since many kids will not reveal they are being picked on, parents should be on the alert for negative emotional reactions when their kids are using the Internet. The best way to do so, says Nancy Willard, director of the Center for Safe and Responsible Internet Use, is to "keep the family computer in a public area of the house."

Crack Down on Abusive E-mails If your child gets threatening or harassing e-mails, do not delete them. To take action against a bully, it is imperative to save all evidence. Forward the harasser's e-mails to the sender's e-mail provider (most providers have an address for "abuse") with a request that a cyber-bully's account be terminated. If you have difficulty figuring out who the bully's provider is, software packages (eMailTrackerPro) can trace an e-mail back to the computer that sent it and report abuses to the owner's Internet service provider. Spam filters can also be used to block the receipt of e-mails from "problem" addresses.

Exercise Your Rights Sites that host chat rooms or blogs have detailed "terms of use" agreements. These are your best defense in combating derogatory Internet content. For example, if offensive material is posted on AOL, says a spokesperson, "we remove it and take action ranging from a warning to dismissal from AOL service. If the material crosses into illegality, we refer it to law enforcement." —*K. Emily Bond*

d to be different. "Boys are more apt to erate alone and are more physical and in ir face, especially when it comes to sexual ne-calling," says Mullin-Rindler. "Girls are ore verbal and indirect. They bully in oups, exclude their targets from their lunch le or clique, make fun of a person's appear ce or gossip to destroy reputations."

Regardless of background, bullies tend to low certain patterns. "Until age 6 or 7 y're indiscriminate—they pick on every e they consider weak," says Fried. "Older llies 'go shopping.' They cast a wide net in fall but by December they've narrowed ir focus to the few whose victimization es them the most satisfaction—almost in riably those who withdraw from confron ion or radiate an aura of vulnerability."

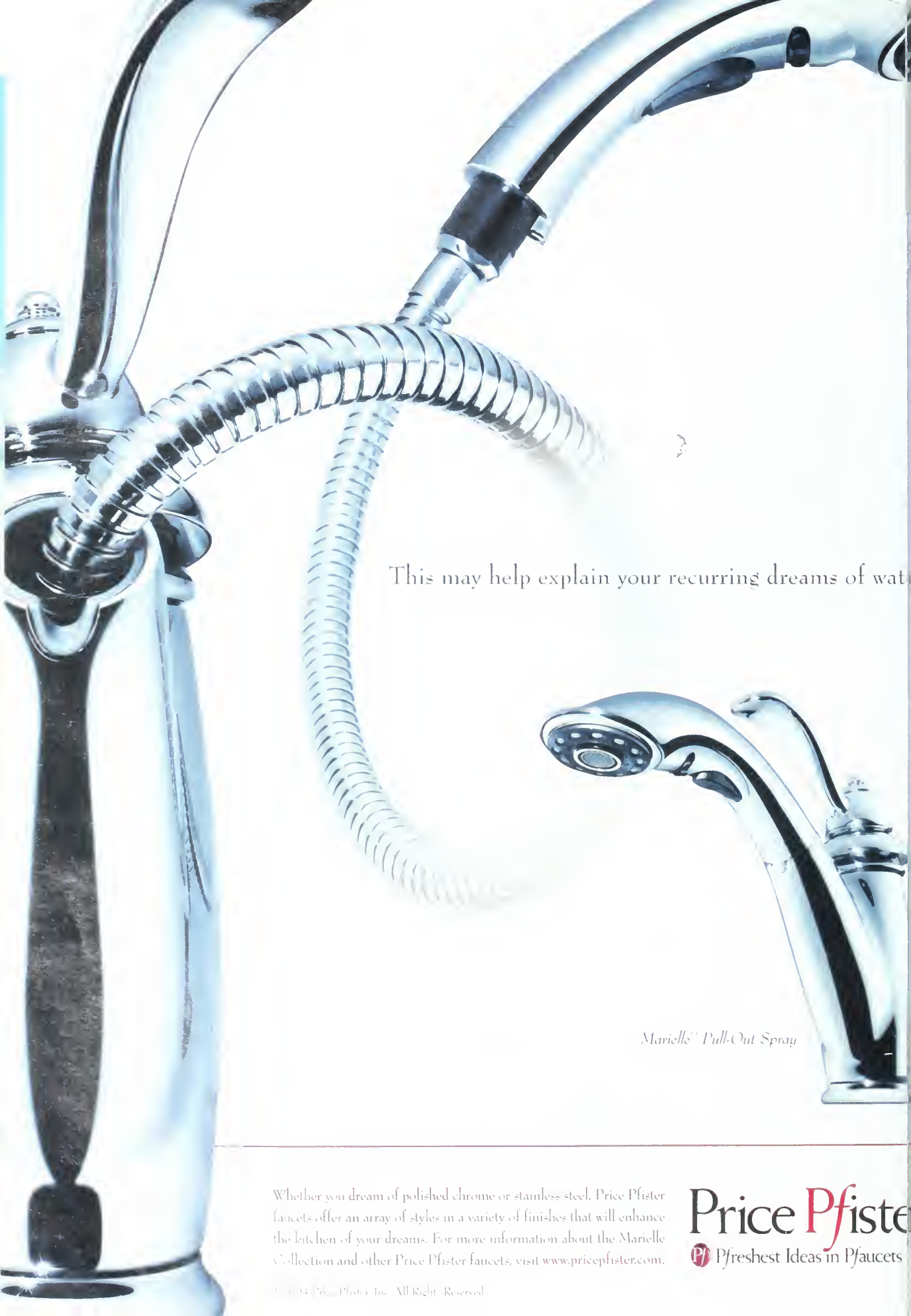
"Bullies continue their antisocial behav s throughout their lifetimes," adds Dr. Es lage. "They may be involved in dating urital violence or workplace harassmen Of course, bullies have far more v m merely their immediate targets. S ls cheer on the bully in order to pted; others stand by passively for

being next. Both reactions can give rise to feelings of helplessness, anger and guilt, notes Dr. Espelage.

NEW WAYS TO PROTECT VICTIMS

Controlling the problem of bullying remains a challenge, but schools, local communities and the federal government have stepped up their efforts. In March 2004, Surgeon General Richard Carmona, M.D., announced Stop Bullying Now!, a nationwide campaign to combat bullying among 9- to 13-year-olds. To date, 21 states have passed antibullying laws, including Virginia, which requires school districts to adopt consistent policies that prohibit intimidation and impose punishments that even range from suspension to expulsion. And in Florida—Jeff Johnston's home state—Governor Jeb Bush corresponded with Debbie after Jeff's death and then asked his education commissioner to come up with antibullying proposals to present to the state legislature. The representative from the Johnstons' district, Jeffrey D. Kottkamp, plans to file an amendment to change the proposed legislation's name to the Jeffrey Johnston Act.

Debbie Johnston is gratified by these moves and has devoted [illegible] to lobbying for tougher antibullying laws. "My son's life was sacrificed," she says. "Please let that sacrifice make a differ[illegible]"



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Safekeeping Memories

Picture-Hanging Solutions

Controlling Clutter



PHOTOGRAPHED BY ALEXANDRA GRABLEWSKI
PRODUCED BY KIERAN JUSKA AND INGRID LEESS WRITTEN BY KIERAN JUSKA

Decorating With Family Photos

Beautifully framed and arranged, photographs of loved ones add warmth and style to any home

Mix & Match

e charming idea is to bring gether all the lone wall mes you already have to ate one, big dramatic play. That's what we did at , after spraying the ectic collection of frames nifying, fresh apple green. ensure a tidy-looking play, create a level line newhere in the grouping. ner at the bottom or top ge of the entire group—or, we did here, down the ddle, with a 4-inch-wide ace that separates the top d bottom groupings. We rted with one large frame the left side to anchor the angement, and then using aser level (which shines a ady and straight red line), positioned the top edges the bottom group of mes as well as the bottom ges of the top grouping

IP: Choose one type of photo—we used ly color portraits—to unify e mix even more. And to t down on the visual tter, opt for simple yet aphic images.

Nothing gives a room such a jolt of personality and interest as a wall of well-framed and well-arranged family photos. Start by choosing your best photos and finding the perfect spot to display them; avoid walls that get direct sunlight, which will cause images to fade. If that's not possible, replace the glass in your frames with a sheet of protective UV-filtered acrylic, available at frame shops. Be sure you also have the right tools on hand—a level, measuring tape, hammer, sharp pencil and a set of picture-hanging hooks, which are designed to do less damage to your walls than regular nails. But even with a properly stocked toolbox, any veteran picture-hanger knows there's no substitute for a second pair of eyes, so grab a friend or family member who can stand back and help assess placement.

CONTINUED ON PAGE 134



should go where, trace each one on Kraft paper uts to the wall. Right: The Ryobi laser level ds free

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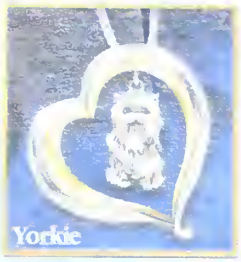
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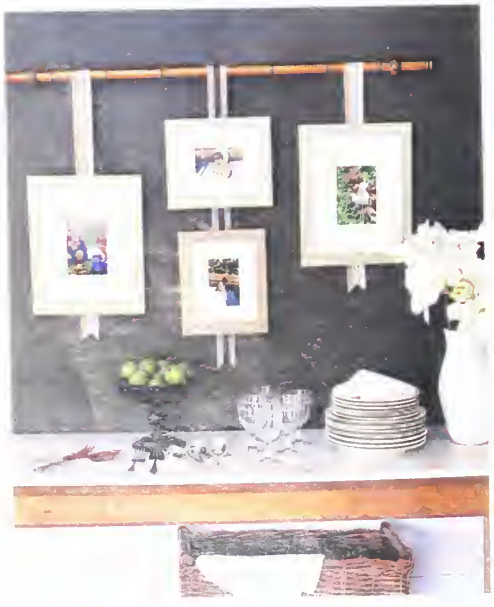
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Rotating Display

For this stylish interchangeable hanging display (below) we suspended a collection of neutral-toned Exposures frames from extra-wide, striped ribbons looped over a handsome faux-bamboo curtain rod from Smith + Noble. After hanging the curtain rod, we determined where we wanted the frames to fall—at staggered heights, as this creates a less formal look. After filling the frames with photos, we turned them facedown on a flat surface and attached a length of ribbon to the center of the top and bottom edges of the frame with a staple gun (hot glue would work, too), allowing a "tail" to trail out from the bottom. The looped ribbon then slides onto the rod—and slides off easily again when you are ready to change your display.

TIP: Choose shallow brackets so your rod sits relatively close to the wall—if the frames hang too far away, they may swing a bit instead of facing straight ahead.





Framed Family Tree

Most of us keep handed-down and heirloom photos tucked safely away in albums, but why not showcase your family's history on a wall? After making copies of our vintage photos—photo labs nowadays can do wonders when it comes to restoring old photos, and at a reasonable cost—we mixed various vintage silver-hued frames with new ones from Z Gallerie to create our "tree" (above). We connected each frame with a length of boxwood—an evergreen that dries beautifully—using a hot-glue gun. Set against Waverly's Gramercy wallpaper, the greenery gives the display a textured, organic look, but lengths of ribbon would work just as well.

TIP: If some of the images you want to include in your grouping are in color, convert them to black and white on a photocopier for a more cohesive look.





Patchwork Grid

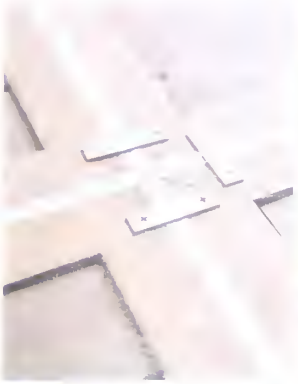
A grid of frames (efficient, a bold, graphic way to showcase photos—the only hurdle is tapping those hooks into the wall exactly where they need to go. We used simple black frames from Exposures—very wide or ornate frames would make a grid look too heavy—because their various-sized mat openings allowed us to showcase photos of different sizes. To create a grid like this one, start by measuring the space you want to fill and determine how many frames will fit, being sure to calculate the same distance between each frame (we spaced ours 3 inches apart). Do the calculations before you pick up a hammer—one wrong move will mess up the entire arrangement.



TIP: Put self-adhesive clear rubber surface pads (usually used to protect tabletops) on the backs of the bottom corners of the frames. The rubber is just sticky enough to hold the frames firmly in place once you have arranged them (see photo, left).

ll in One

avoid ever having to ighten gridded frames, u can create a intenance-free grid by ning the frames in the back ght). Start by choosing ntweight wooden frames, these whitewashed ones m Timeless Frames. After ng them with pictures, ermine the order of each laying them out on a flat face. Then turn over the nes so they lay facedown d join each of them at the ners by drilling in small nding plates (available at dware stores). Be sure, you drill, that the frame ges remain tightly ether—enlist someone to d them for you



TIP: [illegible] depth to [illegible] won't [illegible] even [illegible] substitute [illegible] for the [illegible] the metal



CONTINUED

Where to Find It, page 202



Bold & Beautiful Border

Using frames to create a room border is a fast, simple way to liven up a space. For this hot-pink bedroom (above), we chose simple white rectangular frames from IKEA, and hung them vertically and horizontally around the perimeter of the room. We matted the photos on pale-pink, acid-free heavyweight paper and hung the frames three-quarters of the way up the wall—just about eye level for the 11-year-old whose room this is. As with the grid, start by measuring the length of each wall to determine how many frames will fit and how much space should be between them. Mark out the spots with a pencil to ensure the measurements work and be sure to check your leveling frequently as you go—one small slipup could mean a whole wall of uneven frames.

TIP: Attach photos to the paper backing with double-sided tape—but only on the two top corners. This will prevent the print from buckling.

Layered Ledge

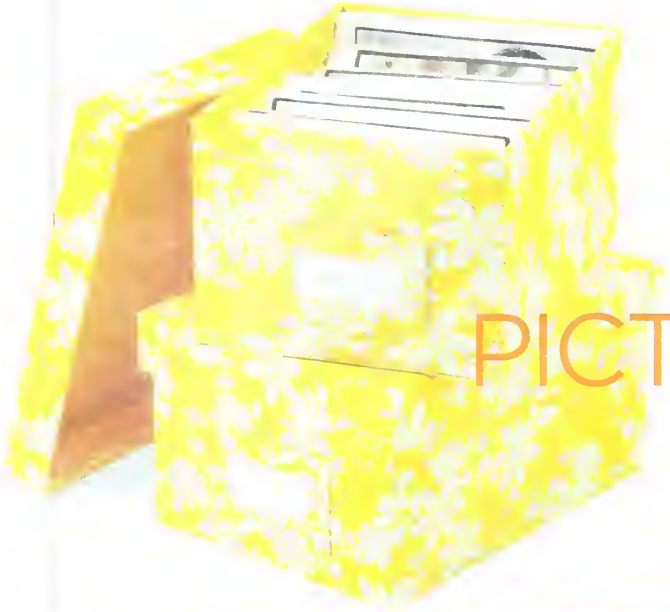
Displaying your framed photos on a picture ledge (below) is great if you don't like commitment, since the frames can be swapped out or rearranged without the hassle of pulling out hooks. But why stick to just frames? Here, using a traditional picture ledge from Pottery Barn as well as an extra-deep one, we created a layered display of frames and other favorite objects. When creating your display, choose items that have as much meaning to you as your photographs, such as family heirlooms or favorite collectibles. Although layering the objects will give your display a personal look, be sure you don't pack the ledges with too many objects or they will just look cluttered.

TIP: Depending on what your wall is made of, you may need to screw ledges into wall studs so they can handle a substantial amount of weight.



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PICTURE-PERFECT STORAGE

We all have one, hidden in some desk drawer or tattered shoebox: an ever-growing collection of photos we vow—one day!—to place neatly into albums. But here's a reason to make that day sooner rather than later: Color prints, because of the dyes used, will fade rapidly if not properly protected. But there are simple ways to keep your photos' colors true for decades.

The first task is to get prints out of regular envelopes or cardboard boxes (high acid content will cause prints to yellow) and into the right acid-neutral environment. CDs of your digital scans should also be kept in protective sleeves to prevent scratching. Then put them all in a cool, dry place. Here, a few stylish options for housing all your memories. *—Kieran Jiska*



Perfect for Prints

ART FILE BOXES ($24.95 EACH)

Lined with 100-percent-acid-free paper, each of these art file boxes from Exposures is a safe haven for larger loose prints. Better still, the boxes are available in bright hues of lime, orange, yellow and purple—so great-lookin you'll want to show them off on a shelf. Available from *www.exposuresonline.com.*



Nifty for Negatives

FILMOR KIT ($12.50 FOR KIT)

Specially designed to organize and house 35-mm negatives, this kit is made from a durable, light-resistant material that protects negatives from fading. With five roomy compartments that can hold 25 sleeves each, it can accommodate more than 2,000 negative frames. Available from *www.mvconservation.com.*



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Is Teri Hatcher Really Desperate?

Favorite Funny Ladies

New American Families

DAMSEL IN DESPERATE-LAND

THE TRUE STORY OF HOW TERI HATCHER ZOOMED BACK TO THE TOP WITH ***DESPERATE HOUSEWIVES*** AND BECAME OUR FAVORITE FUNNY LADY OF 2006!

There are certain things enormously famous celebrities don't usually like to be seen doing. Taping their breasts together is one of them. Teri Hatcher, star of the hottest comedy on TV, is in her backstage dressing room at *The Tonight Show*, sipping a chardonnay from the "Jay Bar," getting her makeup done and her hair curled. And taping her breasts together. "The temporary boob job," says Hatcher, laughing, as she hoists up her dress and slaps on the tape. Doesn't it hurt when you rip off the tape?

"*Nah*," says Hatcher.

"Teri is a real pro," says Do, her makeup artist.

In less than an hour, Hatcher will be sitting in the star seat of *The Tonight Show*, where she will positively dazzle Jay Leno and the millions of viewers who will tune in to see the most endearing, beloved and funniest of the *Desperate Housewives*. Her character, Susan Mayer, is an inspiration to so many women: a beautiful but flawed divorced mom who struggles every week through yet another hilariously awful situation (stranded naked in the rosebushes? Martha Huber's ashes thrown in her face?) with her dignity mostly intact. Clumsy, sweet and slightly neurotic, Susan has clearly won the hearts of America.

And so has the woman who plays her.

Hatcher is the ultimate comeback kid, the gorgeously resilient over-40 former has-been—"I couldn't have been a bigger has-been!" she so honestly put it last year when she won her hard-earned Golden Globe—who emerged from Hollywood oblivion and proved, more than anyone else in the recent past, that even when you think it's all over . . . maybe it's not.

We could almost forgive her if CONTINUED

By
LISA DEPAULO

Photographed by
LORENZO AGIUS





she turned into a diva. But Hatcher still acts like the unemployed actress she was just a scant two years ago—BD (Before *Desperate*)—when she was, in fact, Very Desperate. Enough so that she was considering opening a muffin business. "I used to call my agents and say, 'I'm getting out of the business. I can't take it anymore. I'm gonna open a muffin store!' Yeah." She laughs. "My specialty was pumpkin-cranberry. I had that one down pretty well. I thought maybe I could be the Mrs. Fields of muffins."

She almost didn't make it to the show tonight, because instead of taking the fancy Leno Limo, she drove herself to the studio in her 7-year-old Lexus. "No, really, I'm Teri Hatcher and I'm on the show," she tried to explain cheerfully to the guards at NBC Studios. Yeah, right. No one drives herself to Leno's show. "No, really, I'm Teri Hatcher! I'm a guest." It took more than half an hour for her to be cleared through the gates. ("I sincerely apologize," Leno would say later.)

Just as she is straightening her boobs, there's a knock on the dressing-room door. "What's going on, doll?" Leno says, entering. He wants her to shoot a skit spoofing the rumors of catfights on the set of *Desperate*. Sure, why not? says Hatcher. "It is so not true, and I'm so bored with it," she says later, but for now she gamely agrees.) "So a girl and a guy are on a date," he continues.

"Is this a joke I'm getting?" asks Hatcher. "Okay, good."

It is a joke, some sophomoric and incredibly unfunny joke about learning to perform a sex act with a ketchup bottle, delivered by the Master of Comedy. "Oh," says Hatcher, giggling, sort of, until Leno realizes that she's in the middle of taping an interview, leans over and pushes the erase button on the tape recorder.

"Sorry!" she whispers, as Leno abruptly exits.

We order another round from the Jay Bar and discuss more important things, like love, motherhood and dating.

But first, a word about what Teri Hatcher really looks like without makeup. Let's put it this way: At 41, she has a 25-inch waist (we checked the tag of her Juicy jeans), is exactly the weight she was in high school—*in high school!*—and is drop-dead gorgeous even before Don does his magic. Those terribly long eyelashes? "All mine. So far." That perfect skin? "All I use is Cetaphil, $3.99." The fabulous mane of hair? Well, okay. There is a big glam hairpiece splayed out on the couch that Don is contemplating weaving into her head for the show. "I bring my hair wherever I go," she says, laughing.

"Don't report that," says Don.

"Oh, why not?" says Hatcher. "Actually, you want to know what's funny? Honestly? I'm the only girl on the show who doesn't wear fake hair. But that's kind of the industry secret."

"*Was*," says Don. And the two of them crack up.

"Where were we?" says Hatcher.

Men.

Oh, that.

Hatcher is positively unapologetic about what's missing in her otherwise seemingly perfect life. "I totally need a man," she says. Fortysomething single types aren't supposed to admit that. Not Teri Hatcher, bless her heart.

"Well, I'm not in a relationship and haven't been on a date in nine months, so clearly I'm not doing very good!" she laughs. Nine months? Teri Hatcher? She must be joking. "Seriously! It's been over nine months. CONTINUED

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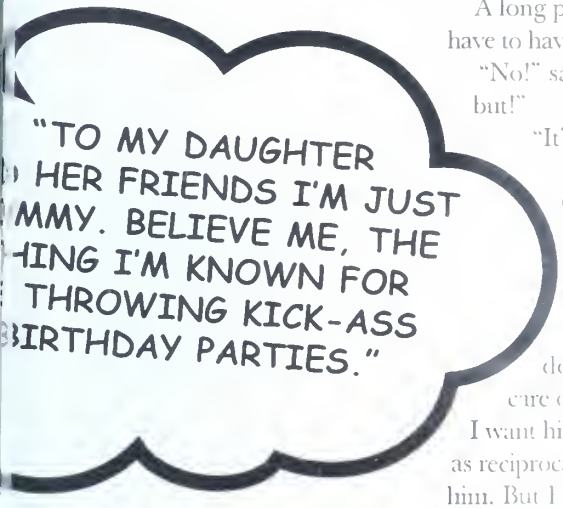
t's crested into scary. It's, like, gone rom tolerable into nightmarish."

You really do want a man, don't you?

"I do. I am ready to not roll over to n empty slot in my bed. And I don't vant to get married. But I want to be nonogamous and I want to be with omebody who I can trust and I can, you know, really divulge who I am, nd all my secret fabulous mysterious passions, some of them dark and some of them not, and I want to share them with somebody."

Who gets you.

"Exactly. You know, my part of that ourney is exposing myself in a vulnerable way to enough people until I finally find the one that gets it. The hard part



of the journey is you have to go through some frogs first, and each frog hurts you a little bit more and makes it a little bit harder to go on to the next frog.

"And then, people sometimes say, 'Well, is it because people are intimidated by you? Or is it your celebrity?' I really think I had this problem way before. I think this is a 'woman problem.' Though I think it's probably amplified by being a celebrity. You know, when somebody tries to set me up on a date, I never feel like I'm in the same boat as the other person, because they have a perceived expectation of me. But I don't know anything about them. And so, it isn't even ground. And I feel sometimes like I'm disappointing them, or I'm not what they expected. Which is the unfortunate part about being a celebrity. Unless I go someplace where nobody knows me. . . ."

Like maybe the front gate of NBC Studios.

And it's not as though she can go on Match.com.

"That I can't do," she laughs. "Can you imagine that in *The National Enquirer*? That would be fun."

So if Teri Hatcher wrote her own personal ad, what would it say?

A long pause. "Gosh, well, it would have to have the word 'desperate' in it."

"No!" says Don. "You are anything but!"

"It's a joke!" says Hatcher.

But back to the personal ad. Gorgeous famous actress looking for . . . what?

"I don't know," Hatcher says. "I feel like I know more what I don't want. I don't want to have to take care of somebody. I mean, solely. I want him to take care of me. Then, as reciprocation to that, I'll take care of him. But I think in my life, it's always been me taking care of them first. I don't mind taking care of the men, but I want them to take care of me, too."

This is one of the topics Hatcher promises to address in her book, *Burnt Toast*, due out this spring. The title comes from her tendency to always take the leftovers, the dreck, to not think she is worthy enough for the, well, proverbial toast. This is not a woman who would think would have esteem issues. Is it? Who ever is? She is painfully candid about the fact that she didn't have a happy childhood. Though she's close to her parents, somehow she never felt good enough, worthy enough. She was an only child who hated being an only child, who felt isolated. As a kid, her working parents gave her a quarter each night to have dinner on the table when they came home from work. "I think I cooked my first Thanksgiving meal at 11," she recalls. She has trouble trusting people, for reasons she'd rather not elaborate on. She never felt pretty, either. And as a kid anyway, no one ever told her she was.

"So I guess I want someone who's . . . I don't know, but they probably won't be simple. 'Cause I'm complicated and often weird and adventurous and have a lot of different kinds of qualities. And they would probably have to have that, too. See, I start thinking about this and then I think I'm never gonna meet anybody!"

And how would she describe herself in the ad?

"Well," says Hatcher, "I already told you, like, the bad things. Like having trouble trusting, stuff like that. But, I mean, I think I'm funny and creative and smart and spontaneous. And," she whispers, "sexy. And I think I'm loving and generous."

She might also add to the personal ad: amazing single mom. Her 8-year-old daughter, Emerson, whom she had with her ex-husband, actor Jon Tenney, is the real love of Hatcher's life. And on the topic of motherhood, she's more confident giving advice. Emerson, she says, is a much happier child than she herself was. Together they travel—they are off to Europe in a few days—and ride horseback with Nicollette Sheridan (the *Housewife* Hatcher is closest to). They go camping in Hatcher's vintage Volkswagen camper, which she refuses to upgrade. And Hatcher, by all accounts, is the über mom of her daughter's school, the

CONTINUED

mother who makes "300 chocolate lollipop butterflies with gold paint for the PTA 50th anniversary party."

Emerson goes to a school where kids are encouraged not to watch TV. So Hatcher isn't her *Desperate* alter ego Susan Mayer when she shows up with plates of brownies. "To Emerson and all her friends, I'm just Mommy. I mean, believe me, as much as it seems like I'm a celebrity to you, the thing I'm known for is throwing kick-ass children's birthday parties." She just did a *Charlie and the Chocolate Factory* birthday party. "I did a whole wall with that old-fashioned strip dot-candy, so that the kids could go up and lick candy off the wall. I had 20 fake ficus trees, all through the house, like woods, that all had gummy cherries and chocolate Kisses and sour strips and Tootsie Rolls hanging off them, so you could pick your candy and you could eat it."

She comes up with the ideas herself and does the whole shebang. She is, in many ways, re-creating the childhood she never had. "Like I did this huge Halloween party where I made a 200-yard maze that you had to go through out of bales of hay and corn stalks. It was in my front yard and all around the pool. I had skeletons, a smoke machine . . . ." And all of Emerson's friends. "And all their parents. That's the thing about my parties. It's about the kids and the parents. And the parents always have as much fun, if not more, than then kids."

When asked what advice she would give single mothers, she doesn't even blink. "That's easy: Take care of yourself. At some point you have to become aware that, yes, giving and giving and giving is good. But at the same time, you're not teaching your child that you are of value also. And it's okay to take turns. Even with something as simple as, like, music in the car. 'I don't want to listen to Britney Spears right now, I want to listen to Billie Holiday. So it's my turn for an hour and that's what we're gonna do.' I see my friends do this thing, where they have this urge to sort of quell everything. You know, oh, food? Let's get you food now! Oh, you want to watch a video? Here, let's put it in! You know what I mean? And I think it's okay for kids to sit unsatisfied for a while and learn to deal with that feeling. Because as adults, we have to dea with that feeling. And when you grow up and you never have to, then you're not very prepared for life, are you?"

Hatcher says she always wished she had more kids and would still like to. "I would have never thought that I was only going to have one child," she says. "Just knowing how much I hated being an only child. But now, I'm in the position where there's no guy and I'm getting older, so would I adopt or would I have my own kid by myself?" She has thought about this a lot. "I just always think about how awful it would be for that kid—to have one child in the family who had a father and another one who did not. I think it would be brutal."

Another knock on the dressing room door signals that CONTINUED



omemaker Invents Shine That Lasts

cle Polish Ends Struggle With ishing Metals. By D.H. Wagner



ately, I have noticed quite a few newspapers and magazines praising a polish formulated by a homemaker. The articles report that Donna Maas grew frustrated with rubbing and scrubbing her silver, brass other metals only to see them quickly become dull and hed again. Determined to put an end to her constant with tarnish, Donna formulated a metal cleaner and it's orming the industry.

ita Gold, nationally syndicated columnist and expert on storation of antiques calls MAAS (named after its inven- "the best and most amazing polish in the world." Ms. Gold in her column, "A truly miraculous polish referred to as cle polish" that'll turn the most disastrous into the most de-bright-ful is MAAS Fine ing Creme For All Metals, which cleans, es, preserves and polishes to perfection any copper, chrome, silver, stainless steel, num, gold or any other metal with ng results - no matter how badly stained, d, discolored, flood-damaged, weathered, dingy, drab, or dull they may be."



ce I had an old brass lamp in desperate of restoration, this journalist decided to MAAS to the test. The lamp had been stored e garage and was in far worse condition I remembered. I was flabbergasted as I ed the polish wipe away layers and years nish. Never have I used anything so easy. amp actually looks better than when I ased it. Better yet, months later it's still glowing!

e polish worked so effortlessly, I decided to refurbish my er's antique brass and copper cookware. The badly stained nd pans developed black spots that had been impossible to ve. MAAS wiped away years of built-up residue even from ost discolored pieces. While polishing, I noticed MAAS ng a shine on the stainless steel sink. WOW! The shine is



ievable and although I wash dishes [illegible] -on-shining. And it's no longer [illegible] water just rolls off the protective finish [illegible] independent consumer study of 28 [illegible] AS Polishing Creme has no equals [illegible] rmance..." MAAS retained its shine [illegible]

polish tested. **Good Housekeeping Institute** recommends MAAS for restoring heavily tarnished heirlooms stating, "MAAS cleans best and gives lasting results." The Miami Herald says, "Polishing product can renew old silver." The Chicago Tribune headline sums it all up by saying "One Amazing Polish Is The Best At Everything."

How did a homemaker come up with something the industry's experts couldn't? The reporter in me had to find out.

During our interview Donna explained, "I enjoy the warmth that beautifully polished metals add to a home. However, not the hours it took to keep them tarnish free. The harsh cleaners left my hands dry and burning - one instant silver dip smelled so bad I felt sick. When I read the label, I discovered it contained cancer-causing ingredients! That's when I became determined to find a better way to care for the metals in my home."

And that she did. Her formula developed with a chemist friend quickly restores and leaves a deep, rich one-of-a-kind luster beyond anything I've ever seen.

"To my surprise," Donna reveals, "the formula far exceeded my original goal. MAAS restores glass fireplace doors, clouded crystal vases, fiberglass, linoleum even plastic. The restorations were so remarkable everyone suggested that I sell my invention on television".

Donna sent samples of her polish to televised shopping channels and both QVC and Home Shopping Network asked Donna to personally appear on TV to demonstrate her product. 17,000 viewers called during MAAS' debut and encore performances brought a million dollars in record-breaking sales.

Donna Toppel was about to throw away a brass chandelier. "No amount of elbow grease could shine it up. With very little effort (a big plus since I suffer from arthritis) MAAS made that chandelier look like new. It's been years and to everyone's surprise it's still glowing."

"MAAS outperforms every polish I've tried," Donna beams with satisfaction. "So if you're as tired as I was of cleaning metals and see tarnish reappear a few weeks later, MAAS it!"

At Last, A Polish That Keeps Metals Shining!

Finally you can restore every metal and more to it's original beauty with MAAS easy wipe on, wipe-off, no-wait polish. Just $9.95 ($12.75 plus $2.95 S&H) for one large 4 oz. tube of MAAS. Give [illegible] order two tubes and receive a FREE polishing [illegible] (a $33.85 [illegible] for only $19.95 plus $4.95 S&H. If [illegible] add 7.5% sales tax. Mail your order to:

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Order online at www.maasinc.com

MAAS

it's showtime.

Live on TV, Hatcher sparkles and dazzles. Leno, too, is mystified by this dateless wonder.

"Have you met anybody?" he asks her on the air.

"I have not met anyone," she replies.

"What seems to be the problem?" asks Leno. "I mean, you're attractive."

"I don't know," says Hatcher.

"Maybe you're setting your goals too high," says Leno.

See, this is the problem with being too nice.

"I don't think it's that," says Hatcher. "I think it's just maybe you can't have everything at once. I've had such an amazing blessed year. You know, career and work and my daughter. And maybe it's just too much."

She still has that *Burnt Toast* thing going on.

"I want to find somebody that I can have something deeper with," says Hatcher. Then she realizes where she is and immediately segues into a joke. "I probably shouldn't use that word!" Huge cheers from the audience.

"Teri Hatcher, ladies and gentlemen!"

After the show, Hatcher and I retreat to one of her favorite bars, The Firefly, in Studio City. On the way I ask her what she whispered to Jay Leno at the commercial break. She laughs. There's a guy she wants to meet—an actor, but she won't say who—and she knows Leno is friends with him, so she put a bug in his ear.

The Firefly, Hatcher's joint, is a dark lounge with bookshelves and low lighting. We sit on sofas in the corner. We drink vodka tonics and order mussels. The bar scene is a singles utopia, but Hatcher seems oblivious to the crowd out front.

"I've been coming here for years," she says, "since way before *Desperate Housewives*. I was coming when nobody even remembered who I was. And they'd still give me a table."

We talk more about men and love and disappointment.

When was the last time she was in love?

"*Um*, never," she says.

And her gorgeous eyes cloud up.

She has never been in love?

"Not the way I dream about being in love," she replies, her voice catching. "I mean, you know, I put myself



out there, so it's not my fault. And I certainly loved Jon in certain ways. But I can't say that I have loved anyone or been loved in the way that I fantasize about. When I look at a few of my friends' relationships, I can't say that I found 'That Guy.' Or that he's found me."

Has she been hurt a lot, by men?

"I wouldn't describe myself as a victim. I mean, I feel like I've participated in everything fairly knowingly. So . . . ."

But did anyone ever totally break her heart?

"Oh sure! I've been cheated on and all that stuff. Who hasn't?"

So how does she deal with it?

"Crying is always good," she says. And then she laughs. "Except for the puffy eyes the day after."

Upon Hatcher's [illegible] a tour of her home. Her [illegible] where [illegible] enormous [illegible] houses, also has "tomato soup red" cabinets that Hatcher painted herself. The insides are filled with well-used baking paraphernalia. And on the counter over the sink she has part of her enormous collection of salt and pepper shakers. In the living room, the pillows on the couch are huge stuffed candy bars (just a little thing she bought for the last kids' party and liked so much she kept them there). Upstairs is Emerson's bedroom and near that is Hatcher's, where a roaring fire is burning in the fireplace. The bed looks like *Romantic Monthly* installed it there. The bathroom has two sinks and an enormous tub surrounded by tulit candles. Her vanity table is cluttered with perfume [illegible]ottles (and a few more salt and pepper shakers).

It's not the kind of Hollywood home one might expect a big star to live in. It's warm, cozy and very, well, normal.

Doesn't the woman ever indulge her inner diva?

"I think the diva thing comes from expectations," Hatcher muses. "That in some way you think you deserve something. And I feel really grateful for every little thing I get. I wonder sometimes where I'd be if it weren't for the success of the show. I wonder if I would be strong and thoughtful and willing to feel the darkness. I'm fortunate that I don't have to know. Because I know that getting this gig . . . it was one in a million."



Funny Ladies We Love®

In our third year of honoring female comics, we picked 25 women (including Teri Hatcher) who get our award for making us giggle and guffaw




Diane Keaton

Ellen DeGeneres


Candice Bergen


Meryl Streep

Class-Act Comics

Diane Keaton Last winter Keaton charmed us once more as the matriarch of an eccentric clan in *The Family Stone*, a performance that adds to her incredible body of work, including 2003's comic tour de force, *Something's Gotta Give*. Her talent lies in channeling both an aching vulnerability and an irrepressible zest for life. Our national neurotic treasure, Diane Keaton is one of a kind.

Meryl Streep In her latest offering, *Prime*, Streep plays a New York therapist who, with relatively few lines, is able to convey more humor and attitude in a curl of her lip and a cock of her eyebrow than a carful of clowns. Her performance demonstrates, once again, why she has been nominated a record 13 times for an Oscar.



she's doing a campy soft [illegible] or playing a befuddled romantic in the serio comedy *Prime*, this daughter of a former model and a Buddhist scholar is a sassy sophisticate who gives even a classic dumb blonde role a certain sly intelligence.

Candice Bergen is back on the air on *Boston Legal* with her signature squinty-eyed outrage, sharp wit and dry delivery. Remember how she practically toppled a government when *Murphy Brown* became a single mother? Now she adds a wacky wallop to the weirdest legal team on TV. A settlement conference has never been so fraught with funny, intense lust. Watch out, Mr. Shatner!

Crowd Pleasers

Ellen DeGeneres With a sweet down-to-earth goofiness that celebrates rather than denigrates, that makes us feel as though "we're all in this together," this dancing queen's delight in the world is contagious to the millions of people who tune in to her talk show every day.

Kelly Ripa She's Regis's foil on *Live* and Hope's Faith on her prime-time sitcom. Ripa is fast on her feet with one-liner wit and a knowing wink, never missing an opportunity to poke fun at everything . . . especially herself.

CONTINUED



Stockard Channing

STOCKARD CHANNING

Currently cracking us up: Channing returns to her comedy roots by playing a cardiologist trapped inside a dysfunctional family [illegible] *Get of Practice* [illegible] at [illegible] about to [illegible]

The first time she made us laugh: She broke [illegible] about '97's [illegible]

How she gets her own laughs: [illegible]



Kelly Ripa

Smart Mouths

Kathy Griffin She has skewered celebrities in her stand-up act and has left us clamoring for more, thanks to her scorched-earth insights and zippy one-liners. If she's not careful, the star of *My Life on the D-List* could end up on the A list.

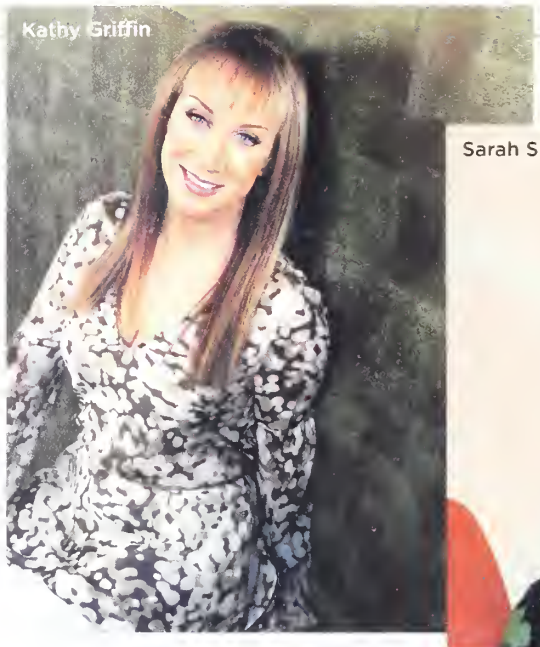
Sarah Silverman The expression "*you eat with that mouth?*" might have been invented for Silverman, the princess of raunchy comedy. She pushes the envelope in her latest film, *Sarah Silverman: Jesus Is Magic*, part stand-up, part music video, and the delivery is divine.

Margaret Cho In her book *I Have Chosen to Stay and Fight* and on her latest DVD, *Margaret Cho: Assassin*, the way-beyond-left-wing author, comedian and actress takes aim at her prey with the precision of a sharpshooter. No one is safe, not even her own mother!

Maya Rudolph, Rachel Dratch, Amy Poehler and Tina Fey Thanks to Fey's whip-smart direction as head writer on *Saturday Night Live*, this quartet makes it cool to stay home on date night. The Not Ready for Prime Time Players just might be, thanks to their offbeat characterizations and their spot-on comic commentary on the political and social mood of the country.

Maureen Dowd Whether or not you agree with her politics, there can't be any debate that Dowd, in

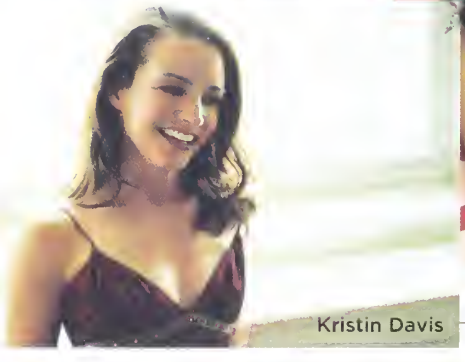
CONTINUED ON PAGE 158



Kathy Griffin



Sarah Silverman



Kristin Davis

KRISTIN DAVIS

Ladies' Home Journal: After playing single sophisticate Charlotte York, was it odd to play a mom in *The Shaggy Dog* with Tim Allen?

Kristin Davis: It was very strange. When they were casting my daughter, who's 15 years old in the movie, they had girls coming in who were 14 to 18. That was surreal.

LHJ: Did you immediately call the plastic surgeon?

KD: No, I did not, but there were certainly times I thought about it! The wonderful thing is they didn't want my character to seem different or older or dowdier. I think moms get a bad rap in Hollywood as far as characters go. I still got to wear Prada, and I didn't have to gain 20 pounds.

LHJ: Which do you prefer, the urbane humor of *Sex and the City* or the loud craziness of *The Shaggy Dog*?

KD: What I liked about *Sex and the City* was its verbal wit. It wasn't slapsticky. *Shaggy Dog* was much more about the insane situation. Everyone keeps telling me my husband is a dog [EDITOR'S NOTE: He turns into a pooch in the film] and I tell them they're nuts!

LHJ: What else are you working on?

KD: I'm developing a comedy. It's about the expectations of marriage and how men and women look at it. I think there's so much potential for funniness there.

LHJ: What's your idea of a perfect fun day?

KD: I have a wonderful friend who's 8 years old. Sometimes we dance around the living room, which is really enjoyable. And anything involving puppies is fun.

—*R.A.W.*



Maureen Dowd



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2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day	1	Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5	

3. During the past **4 weeks**, how often did your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5	

4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5	

5. How would you rate your **asthma** control during the **past 4 weeks**?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5	

Add your answers and write your score in the box. If your score is 19 or less, your asthma may not be controlled as well as it could be.

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You should not stop taking ADVAIR without first talking with your doctor. Stopping asthma medications like ADVAIR can result in rapid worsening of your asthma, which may be life threatening.

What is ADVAIR DISKUS?

ADVAIR is the brand name of a twice-a-day asthma product that contains two medications: fluticasone propionate and salmeterol. DISKUS is an inhalation device used to deliver ADVAIR. Fluticasone propionate, an inhaled anti-inflammatory belonging to a group of medicines commonly referred to as corticosteroids, works by reducing inflammation, swelling and irritation of the airways. Salmeterol, a long-acting, inhaled bronchodilator belonging to a group of medicines commonly referred to as beta-agonists, works by helping to prevent bronchospasm by relaxing the muscles surrounding the airways. There are three strengths of ADVAIR DISKUS approved for patients ≥ 12 years that contain 100, 250, or 500 mcg of fluticasone propionate per dose and each contains 50 mcg of salmeterol per dose. The strength of ADVAIR DISKUS approved for patients aged 4-11 years who experience symptoms on an inhaled corticosteroid contains 100 mcg of fluticasone propionate per dose and contains 50 mcg of salmeterol per dose. The use of ADVAIR 100/50 in children 4-11 years old is based in part on results of studies in patients 12 and older and safety data in patients 4 to 11 years old.

What should I know before taking ADVAIR?

ADVAIR should not be used for relief of sudden asthma symptoms. Your doctor will prescribe a fast-acting inhaler (such as albuterol) to relieve sudden symptoms that may occur despite regular use of ADVAIR. ADVAIR should not be used to treat a severe episode of asthma requiring emergency medical treatment.

YOU SHOULD NOT START TAKING ADVAIR IF YOUR ASTHMA IS BECOMING SIGNIFICANTLY OR RAPIDLY WORSE, WHICH CAN BE LIFE THREATENING. Serious respiratory events, including death, have been reported in people who started taking salmeterol in this situation, although it is not possible to tell whether salmeterol contributed to these events or if it simply failed to relieve the worsening asthma. In most cases these occurred in people whose asthma was rapidly worsening. They have also occurred in a few patients with less severe asthma. If you are using your fast-acting inhaler more frequently or are taking more doses, it could be a sign that your asthma is getting worse. If this occurs, tell your doctor immediately. If you've been using a fast-acting inhaler regularly (e.g., 4 times a day), your doctor will tell you that this is no longer necessary once you are taking ADVAIR, and that you should use your fast-acting inhaler for sudden symptoms only.

ADVAIR SHOULD NOT BE USED TO SWITCH FROM AN ORAL STEROID LIKE PREDNISONE TO AN INHALED STEROID. While adjusting to a switch from an oral steroid to the inhaled steroid in ADVAIR, be very careful, as you may be less able to heal after surgery, infection, or serious injury. You should carry a warning card indicating you may need oral steroids during periods of stress or a severe asthma attack. Tell your doctor if you are currently taking ritonavir (an AIDS/HIV medication). To avoid significant steroid side effects, taking both ADVAIR and ritonavir at the same time is generally not recommended. You should not take ADVAIR if you have had an allergic reaction to salmeterol, fluticasone propionate, or lactose in the past. Tell your doctor if you are allergic to any other medicines or food products.

Important Safety Considerations with ADVAIR:

WARNING: Rare but serious asthma episodes and asthma-related deaths occurred in a study with SEREVENT (salmeterol), one of the components of ADVAIR. The risk may be greater in African Americans. This study was stopped early because of the findings in African Americans and difficulties in enrollment. This study was not designed to show whether the use of an inhaled steroid like FLOVENT® (fluticasone propionate), the other component of ADVAIR, protects from these risks. Therefore, it is not known whether the findings of this study apply to ADVAIR. Sometimes patients experience unexpected bronchospasm right after taking ADVAIR. This condition can be life threatening, and if it occurs, you should stop taking ADVAIR and contact your doctor immediately. In rare cases, people are allergic to ADVAIR. If you immediately experience choking, difficulty inhaling, rash, hives, itching, or welts on the skin, you may be having an allergic reaction. Stop using ADVAIR and contact your doctor immediately. Salmeterol is a beta-agonist belonging to a class of drugs that can affect the circulatory system in some patients as measured by heart rate and blood pressure and/or cause symptoms like heart fluttering, chest pain, rapid heart rate, tremor, or nervousness. If these symptoms occur, ADVAIR may need to be stopped. Changes may also occur in the electrocardiogram (ECG), although the importance of this is not known. Your doctor may be cautious about giving you ADVAIR if you have heart disease, especially coronary artery disease, irregular heartbeat, or high blood pressure. ADVAIR should also be used with caution by people with seizures, overactive thyroid gland, and those who are unusually responsive to this class of drugs. Long-term use of inhaled corticosteroids may result in bone loss (osteoporosis). Patients who are at risk for increased bone loss (tobacco use, advanced age, inactive lifestyle, poor nutrition, family history of osteoporosis, or long-term use of drugs such as corticosteroids) may have a greater risk of bone loss with ADVAIR. If you have risk factors for bone loss, you should talk to your doctor about ways to reduce your risk. Glaucoma, increased pressure in the eyes, and cataracts have been reported with inhaled corticosteroids, including fluticasone propionate. Regular eye examinations should be considered. Lower respiratory tract infections, including pneumonia, have been reported with the use of inhaled corticosteroids, including fluticasone propionate and ADVAIR. When given intravenously, albuterol, a drug with a similar chemical structure to salmeterol, can worsen diabetes. These drugs may cause low blood potassium in some people, which may lead to side effects like an irregular heart rate. Significant changes in blood sugar and/or potassium were infrequent in clinical studies with ADVAIR at recommended doses. Taking steroids can affect your body's ability to make its own steroid like hormones, which are needed during infections and times of severe stress to your body, such as an operation. Although much more common with oral steroids, these effects can be seen with inhaled steroids, especially when taken at higher than recommended doses over prolonged periods of time. In some cases, these effects may be severe. Inhaled steroids often help control asthma symptoms with less systemic side effects than oral steroids. Because patients' sensitivity to steroid side effects varies, talk to your doctor about using the lowest strength of ADVAIR for your asthma. Tell your doctor if you have been exposed to or currently have chicken pox or measles. Chicken pox and measles, for example, can be more serious or even fatal in susceptible people taking corticosteroids. Inhaled corticosteroids may cause a reduction in growth velocity. Talk to your doctor about using the lowest strength of ADVAIR for your asthma. ADVAIR should be used with caution, if at all, in people with tuberculosis, herpes infections of the eye, or other untreated infections. People taking ADVAIR may develop yeast infections of the mouth and/or throat that should be treated by their doctor. If you have been switched from an oral steroid to ADVAIR, allergy symptoms, eczema, arthritis, and conditions such as those described in the following paragraph may be uncovered. During oral steroid withdrawal, patients may experience joint/muscle pain, tiredness, and depression, even though their asthma symptoms may be the same or better. In rare cases, people taking ADVAIR may develop serious conditions that often require oral steroid treatment. Symptoms can include rash, worsening breathing problems, heart complications, and/or a feeling of "pins and needles" or numbness in the arms and legs. These conditions are usually, but not always, associated with reduction/withdrawal of oral steroids following the introduction of ADVAIR. Although ADVAIR has not been shown to cause these conditions, you must tell your doctor right away if you develop any of these symptoms.

How should I use ADVAIR?

ADVAIR should never be taken more than one inhalation twice daily.

You may breathe more easily within the first 30 minutes after taking your first dose of ADVAIR, but the full benefit may take 1 week or longer. Each dose of ADVAIR is taken 12 hours or longer. If you are taking ADVAIR regularly, you should not take additional salmeterol or other long-acting beta-agonists (e.g., formoterol) for the treatment of breathing problems or symptoms or for any other reason.

What should I know about the DISKUS device?

When using ADVAIR, remember: • Never breathe into or take the DISKUS apart. • Always use the DISKUS in a level position. • After inhalation, rinse your mouth with water without swallowing. • Never wash any part of the DISKUS and always keep it dry. • Never take an extra dose, even if you feel you did not receive a dose. Discard 1 month after removal from the foil overwrap. Do not use ADVAIR with a spacer device.

Can I take ADVAIR with other medications?

When taking ADVAIR, take all medications exactly as prescribed. ADVAIR should be used with extreme caution during and up to 2 weeks after treatment with monoamine oxidase (MAO) inhibitors or tricyclic antidepressants since these medications can cause ADVAIR to have an even greater effect on the circulatory system. No drug interaction studies have been performed with ADVAIR. In clinical studies, there was no difference in side effects when ADVAIR was taken with methylxanthines (e.g., theophylline). There were no differences in steroid side effects whether ADVAIR was taken with or without FLONASE®. In clinical studies, there were no differences in effects on the heart when ADVAIR was taken with varying amounts of albuterol. However, the effect of using ADVAIR while taking more than 9 puffs a day of albuterol has not been studied. Generally, people with asthma should not take beta-blockers because they counteract the effects of beta-agonists and may also cause severe bronchospasm. However, in some cases, for instance, following a heart attack, selective beta-blockers may still be used if there is no acceptable alternative. The ECG changes and/or low blood potassium that may occur with some diuretics may be made worse by ADVAIR, especially at higher-than-recommended doses. Caution should be used when these drugs are used together. Tell your doctor if you are currently taking ritonavir (an AIDS/HIV medication). To avoid significant steroid side effects, taking both ADVAIR and ritonavir at the same time is generally not recommended. ADVAIR should be used with caution in people who are taking keto-conazole (an antifungus medication) or other drugs broken down by the body in a similar way. These medications can cause ADVAIR to have greater steroid side effects.

What are the possible side effects of ADVAIR?

In studies with patients with asthma 12 years of age and older taking either placebo, ADVAIR DISKUS 100/50, ADVAIR DISKUS 250/50, fluticasone propionate 100 mcg, fluticasone propionate 250 mcg, or salmeterol 50 mcg, the side effects more common with either strength of ADVAIR than placebo (which may or may not have been related to the drug) were upper respiratory infection (14% for placebo, 27% for ADVAIR DISKUS 100/50, 21% for ADVAIR DISKUS 250/50, 29% for fluticasone propionate 100 mcg, 25% for fluticasone propionate 250 mcg, and 19% for salmeterol 50 mcg); sore throat (6%, 13%, 10%, 7%, 12%, and 8%, respectively); upper respiratory inflammation (5%, 7%, 6%, 7%, 8%, and 8%); sinus infection (4%, 4%, 5%, 6%, 1%, and 3%); hoarseness/voice change (<1%, 5%, 2%, 2%, 4%, and <1%); yeast infection of the mouth (0%, 1%, 4%, 2%, 2%, and 0%); viral respiratory infections (3%, 4%, 4%, 4%, 10%, and 6%); bronchitis (2%, 2%, 8%, 1%, 2%, and 2%); cough (2%, 3%, 6%, 0%, 0%, and 3%); headaches (7%, 12%, 13%, 14%, 8%, and 10%); nausea and vomiting (1%, 4%, 6%, 3%, 4%, and 1%); stomachache (1%, 4%, 1%, 0%, 2%, and 1%); diarrhea (1%, 4%, 2%, 2%, 2%, and 1%); gastrointestinal flu (2%, 3%, 0%, 3%, 1%, and 2%); yeast infection unspecified site (1%, 3%, 0%, 1%, 4%, and 0%); and muscle pain (3%, 4%, 2%, 1%, 5%, and 3%). Side effects that occurred in 1% to 3% of people taking ADVAIR were swollen glands, muscle injuries, broken bones, cuts, bumps and bruises, allergy symptoms, ear, nose, and throat infections, nose-bleed, eye infections, stomach pain, intestinal problems (e.g., appendicitis, pain, infections), sores or pain in the mouth, toothache, abnormal liver function tests, lung infections (e.g., pneumonia), muscle and/or joint aches and pains/stiffness, sleeping problems, tremors, feeling of pinched nerves, viral and bacterial infections, fluid retention, unusual taste, skin infections, hives, skin itching/flakiness, and sweating. The adverse events in a study with ADVAIR DISKUS 500/50 were similar to those above. Other reported side effects with ADVAIR include: very rare life-threatening allergic reactions in patients with severe milk protein allergy, other allergic reactions (in very rare cases life-threatening), swelling in the face and throat, signs of steroid excess (e.g., weight gain, skin bruising, diabetes, osteoporosis, cataracts, glaucoma, paleness, agitation, aggression, sun-sensitivity rash, menstrual problems, pelvic pain, and vaginal pain/infections). The long-term effects of ADVAIR are not fully known. However, some patients have received inhaled fluticasone propionate continuously for 3 years or longer. No differences in the type or severity of adverse events were observed after long- (2 years) versus short-term treatment with fluticasone propionate.

What side effects have been seen in clinical trials in children?

In a study in patients 4-11 years of age with asthma who experience symptoms on an inhaled corticosteroid and were taking either ADVAIR DISKUS 100/50, or fluticasone propionate 100 mcg, the side effects more common with either ADVAIR or fluticasone propionate (which may or may not have been related to the drug) were upper respiratory infection (10% for ADVAIR DISKUS 100/50, 17% for fluticasone propionate 100 mcg), throat irritation (8% and 7%, respectively), ear, nose and throat infections (4% and <1%), nosebleed (4% and <1%), sore throat (3% and 2%), ear signs and symptoms (3% and <1%), sinusitis (3% and 0%), headache (20% and 20%), stomachache (7% and 5%), nausea and vomiting (5% and 3%), yeast infection of the mouth and throat (4% and <1%), fever (5% and 13%), and chest symptoms (3% and <1%).

What if I am elderly?

In clinical studies, the overall safety of ADVAIR in people with asthma over 65 was similar to that in younger people. No change in dose is needed in older people. Special caution should be used in older people with heart disease.

What if I am pregnant or nursing?

You should consult with your doctor before taking ADVAIR if you are pregnant or nursing. There have been no studies of ADVAIR used during pregnancy, labor, or in nursing women. Salmeterol is known to interfere with labor contractions. It is not known whether ADVAIR is excreted in breast milk, but other corticosteroids have been detected in human breast milk. Talk to your doctor about the benefits and risks of using ADVAIR during pregnancy, labor, or if you are nursing.

What happens if I take too much ADVAIR?

Increasing doses of ADVAIR were associated with a higher frequency of tremor, nervousness, and heart fluttering. Deaths have been reported with the excessive use of the class of drugs to which salmeterol belongs. Doses of inhaled or oral salmeterol 12 to 20 times higher than recommended have been associated with significant effects on the heart. Overdosing with ADVAIR is potentially dangerous. If you overdose with ADVAIR, stop taking the medication and seek immediate medical attention. Signs and symptoms of chronic overdosage with fluticasone propionate are those of steroid excess (e.g., weight gain, diabetes). The expected signs and symptoms of overdosage with salmeterol are similar to those for other beta-agonists and include irregular or rapid heartbeat, nervousness, tremor, headache, muscle cramps, seizures, and chest pain.

What other important tests were conducted with ADVAIR?

Like most prescription drugs, ADVAIR was required to be tested on animals before it was allowed for human use. There is no evidence of enhanced toxicity with ADVAIR compared with the components administered separately. Fluticasone propionate, like other corticosteroids, has been associated with birth defects in animals (e.g., cleft palate and fetal death). In animal studies with doses much higher than those used in humans, salmeterol was associated with uterine tumors. No effect on fertility in rats was seen at 180 times the maximum recommended daily dose for salmeterol. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

If you have any further questions about ADVAIR, talk to your doctor, visit our Web site at ADVAIR.com or call 1.800.4.ADVAIR.

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her columns for *The New York Times*, is a wickedly funny satirist on the foibles, follies and flaws of the people we send to the White House. It's all that much more thrilling because even 230 years after the birth of our nation, it's still an uphill battle for a woman to pack a noticeable political punch.

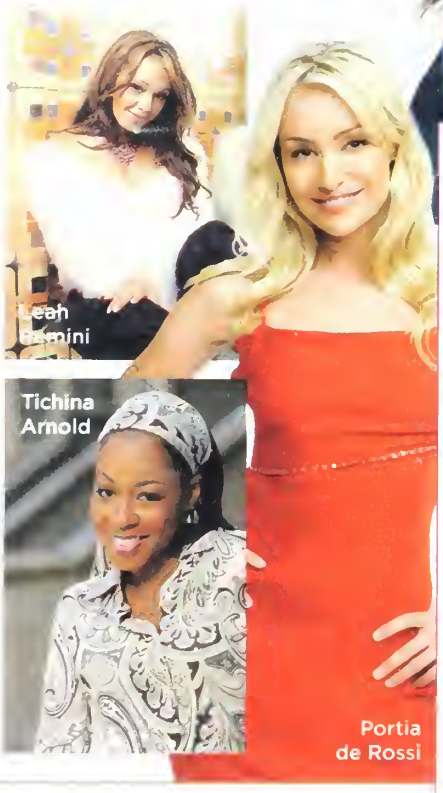
Hell-on-Wheels Housewives

Portia de Rossi We loved to hate her on the cult hit *Arrested Development* and found ourselves saying "*attagirl!*" at least once an episode. Not everyone can make an unlikable character sympathetic—but the charming de Rossi does.

Tichina Arnold Everybody loves *Everybody Hates Chris*, mostly because of Arnold's pitch-perfect, compassionate portrayal of a barking mother with a fiercely funny bite.

Leah Remini She's a ribald beauty with killer timing. As blue-collar Carrie Heffernan, Remini rules *The King of Queens*. But what really sets Remini apart from other TV wives is her cut-to-the-chase "New Yawker" attitude, which emanates from her whole face—especially her perpetually rolled eyes.

CONTINUED





LAUREN GRAHAM

Ladies' Home Journal: Do you and your character on *Gilmore Girls* hav similar senses of humor?

Lauren Graham: Lorelai talks fast and gets a kick out of everything. I'm funny in a different way. I grew up in a family that's very dry.

LHJ: Do you think it's surprising to see someone like Lorelai, a hip, romantically active mother, portrayed on TV?

LG: I guess some people would call an untraditional setup. Someone as if I was worried about playing a mo but being a mom is fourth on my list what Lorelai is. I was raised by my d so I don't have any preconceptions what a mom is supposed to be.

LHJ: Have you ever done stand-up?

LG: When I started out I used to work in comedy clubs. I was a waitre and did improv.

LHJ: Was that scary?

LG: Improv has an adrenaline level so it's like you're in a car crash for 2 hours a day.

LHJ: What's up next for you?

LG: I'm in a movie called *Because I Said So* with Diane Keaton, who is t funniest person of all time! And I've been doing *Gilmore Girls* for six seasons now. I never even had a waitressing job that long.

LHJ: And you're not likely to have another one.

LG: You don't think so? Whenever I go out to eat I think, "That's me in two years." But it definitely helps my tipping, so that's good. —*R.A.*



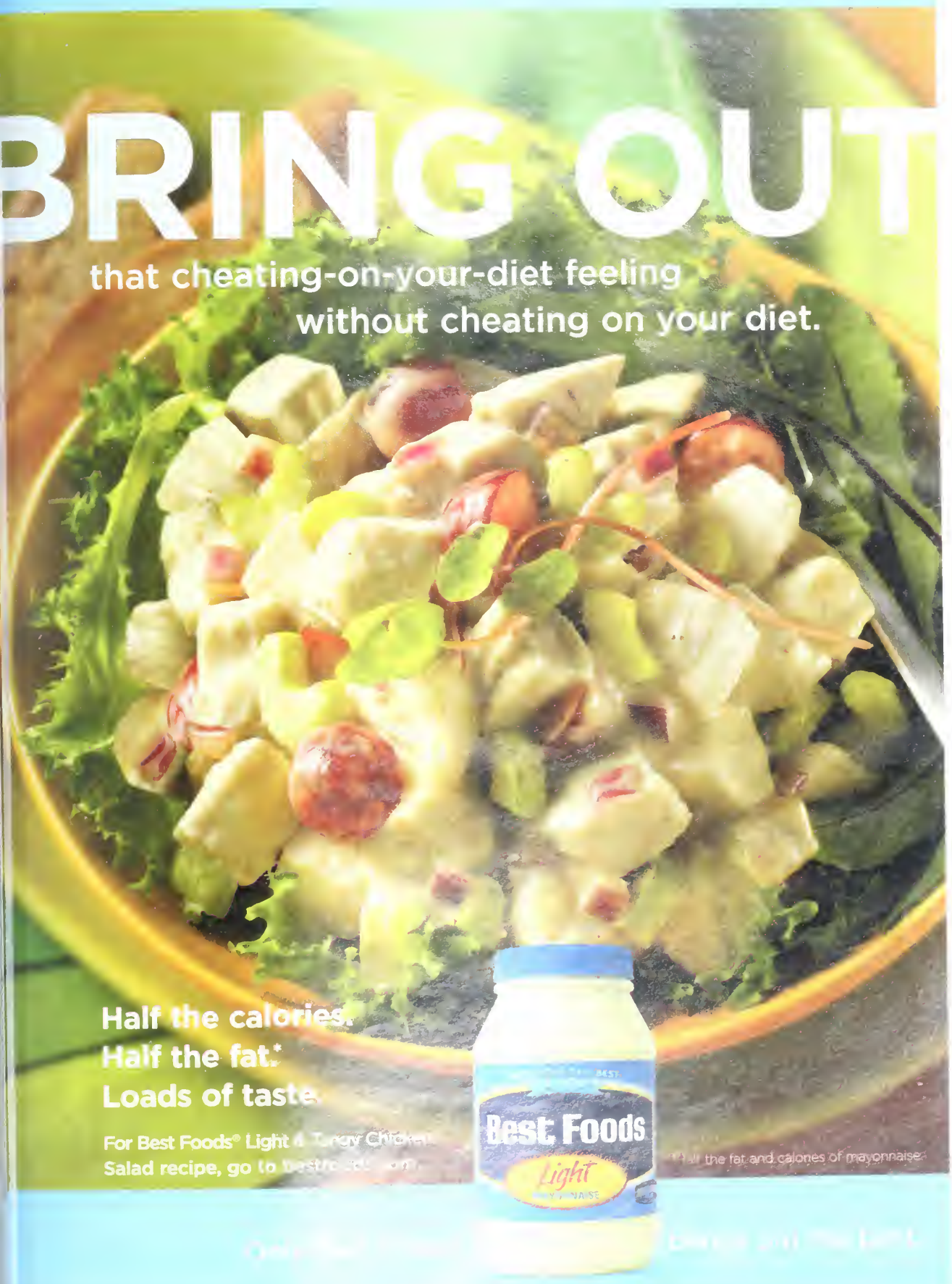
JOAN CUSACK

Most recently funny in: *Chicken Little*. Known for her tall, gangly looks, Cusack cracked us up as the voice of bucktoothed Abby Mallard in last year's animated hit.

First time she made us laugh: She played "Geek Girl #1" in 1984's *Sixteen Candles* and 20 years later she's still "#1" in our book, playing perfect misfits in great films such as *Working Girl* and *In & Out*. Cusack is one seriously silly actress.

Why she makes us laugh: Look up the word *quirky* and you'll find [illegible] face. Our favorite Cusack moment in *School of Rock* when her [illegible] character takes two sips of beer and starts acting out Stevie Nicks' "Edge of Seventeen."

What tickles her funny bone: "I'm not a wacky person but I find my children [illegible] 9, and Miles, 5, [illegible]. This morning Miles came down in a Santa Claus hat, all dressed and [illegible] and he said, 'Ho, ho, ho, Merry Joe,' which was just kind of absurd. He had [illegible] to school like that. I totally let him." —*R.A.W.*


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The Bold and the Bawdy

Pamela Anderson Her new show, *Stacked*, is a hit. And yes, the title is a joke based on Anderson's well-known attributes, but imagine our surprise to see that she is as deft with comedy as she was wiggling around in a bathing suit on *Baywatch*. Clearly Anderson is having the last laugh.

Sandra Oh She knows how to stake her corner of the action regardless of the role: Witness her current turn on *Grey's Anatomy* as the ambitious Dr. Cristina Yang, an intern with a tongue as sharp as her scalpel. Her "don't even think about messing with me" glance is so deadly, there should be a defibrillator near her at all times. She more than fulfills the promise of her movie roles in *Sideways* and *Under the Tuscan Sun*.



Megan Mullally To us she'll always be the alcohol-fueled, man-hungry Karen Walker. But the *Will & Grace* star has much more up her designer sleeve. This fall she'll be lobbing her sassy one-liners to celebrity guests on her own talk show—and they'll be funny, no matter *what* her real voice sounds like.



Jaime Pressly You can't help but laugh out loud when you watch this former model get down and dirty as the hot-pants-wearing, trailer-trash-talking Joy on *My Name Is Earl*. May we suggest a spin-off called *My Name Is Joy*?



Kirstie Alley Most women put on 20 pounds and don't want to get out of bed. This *Fat Actress* gained much more than that and then stepped in front of a TV camera with her own reality script. A year later, Alley may have lost 60-plus pounds but not an ounce of her breezy, edgy wit.



DEBI MAZAR

What makes her funny: She's a New York tough girl with old-fashioned glamour. She can smell baloney a mile away and isn't afraid to let you know it. Just try to pull the wool over her perfectly made-up eyes!

Why she's funny right now: She holds her own as Shauna, the saucy publicist on the hot HBO series *Entourage*. "I find her offensive on paper," says Mazar of her character. "I think 'I can't say that. I'm a mother, I'm a lady.'"

Hazard of the job: "Hollywood can kill your sense of humor," Mazar says of her current home. "Now that I'm pregnant, I'm being followed by the paparazzi, who want to judge the size of my behind. It's gross."

What she does for fun: "My husband [Gabriele Corcos, who is Italian] and I are doing a book called something like *The Tuscan Cookbook for the Pregnant Male*. It's about his experiences taking care of me while I was pregnant with our first child," she explains. "It's a recipe book with anecdotes. A love story through food. We're having fun taking a tour of our relationship."

Her favorite comedian: Her 3-year-old daughter. "I went to Disneyland with her yesterday and she was hilarious. She kept saying to the Disney characters, 'What? You can't talk? What's wrong with your brain?' She's like a little me."

—*R.A.W.*



People say my strength is my personality. apparently they haven't seen me in the gym. he Glucosamine and Chondroitin in Osteo Bi-Flex s revitalize my cartilage and actually lubricates joints." And did you know that Osteo Bi-Flex promotes joint flexibility and comfort while roving range of motion over time?" No wonder o Bi-Flex is the number one doctor recommended care brand."

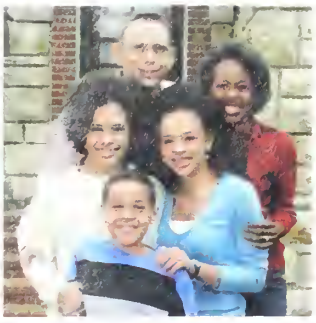
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THE CHANGING FACE OF THE AMERICAN FAMILY

The American family has always been shaped by cultural and economic forces, and yet the image of a Rockwellian family portrait has retained its powerful tug on our collective consciousness. But what is the reality today? The most varied patchwork quilt of family configurations this country has seen since records have been kept. Over the course of this year, in our Special Report 2006, *Ladies' Home Journal* will introduce you to representatives of some enduring—as well as emerging—contemporary American families in the country, starting with this month's portrait of a nuclear family, the most traditional type, which now finds itself to be increasingly a minority on the American landscape.

By CAROL MITHERS

CONTINUED






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The Nuclear Family: A New Minority

Who: A married mother and father living with their minor-age children.

How many: Fewer than ever before—only 24 percent of all U.S. households; after steadily growing since 1950, nuclear families reached their all-time high of 52 percent in 1960.

What's behind the trend? High divorce rates, the increase of single parents and unmarried couples cohabiting, more couples having children out of wedlock, more men and women delaying marriage and more people living as singles than ever before.

Major challenge: While the traditional nuclear family with a stay-at-home mom was the default arrangement for decades (and central to our idealized view of family life), footing the bill for this lifestyle has become increasingly difficult. Indeed, it has largely become a luxury available mostly to couples in which the husbands are among the nation's highest wage earners. Finding affordable housing on one income is a particular strain, given the last few years' soaring house prices.

Representative family: John Franklin, 23, a mechanic, and Heather Franklin, 24, a stay-at-home mom to 11-month-old Taylor, of Kansas City, Missouri.

Total household income: $40,000.

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It's fast.
Maybe too fast.



The Franklins love the slow-paced life they found in their new hometown

John and Heather Franklin are the quintessential nuclear family. John works as a mechanic and shop foreman for a transportation company, and his $40,000 salary, though slightly below the national average income, allows Heather to stay home to raise young Taylor, thanks to Kansas City's comparatively low cost of living. They own a 1,600-square-foot three-bedroom home with a basement on a tree-lined street and a yard that backs onto a verdant 400-acre park. The neighborhood is full of other young families, and Taylor will be able to walk to the nearby school. John, who grew up in Kansas City but moved to Southern California as a young adult, always recalled his hometown as idyllic, a place where there were festive Fourth of July block parties. People still say "yes, ma'am," and neighbors look out for one another.

For John and Heather, the life they're now living is a dream come true. But it took struggle and sacrifice to get it. Late in 2003, the couple was newly engaged and living outside San Diego. Heather, a California native, and John, newly arrived, loved the region's weather, beaches and outdoor lifestyle. Heather was making $10 an hour working in a local casino while trying to sell real estate on the side, and John earned $14 as a diesel mechanic—but it wasn't enough. Their 700-square-foot one-bedroom apartment cost $925 a month. Between rent, utilities, car expenses and food, plus the medical bills that Heather had incurred after a softball injury that summer, they were bringing home about $100 less than they spent each month, and their credit card debt was rising fast.

The couple wanted to start a family right after they married and both felt that Heather should be home to care for the children, but survival on one salary in San Diego was impossible. Nor was it likely they would ever get out of their cramped apartment. "The cheapest houses around were no-backyard fixer-uppers that cost $400,000," says Heather. "I thought, There's got to be a better way."

"I THOUGHT $130,000 WAS THE DOWN PAYMENT. THEN I REALIZED, WOW, THAT'S THE PRICE!"

There was. On a trip to visit John's friends and relatives in Kansas City, Heather picked up a magazine featuring local homes for sale. "When I saw an ad for a $130,000 house I thought it had to be just the down payment," she says. "Then I realized, Wow, that's the price! We immediately thought about moving." John made sure that Heather visited Kansas City in all four seasons "so she knew that when I said it got cold during the winter, I meant freezing, not 50 degrees," he says.

For months the couple scoured the Internet for homes. They fell in love with one, and in July 2004 completed the purchase. In California it would have fetched over a half million; in Kansas City, the price was $133,000—and the mortgage payments, insurance and property taxes combined came to about $100 less a month than the couple had been paying for rent alone. What's more, an equity line of credit on their new home enabled them to pay off their credit cards. A week later, Heather and John were married. After they returned from their honeymoon, they moved to Kansas City. One month after that, Heather learned she was pregnant.

Today Heather and John admit they miss California weather but not much else. In fact, Heather encourages everyone she left behind to move to the Midwest. Her enthusiasm isn't just for her new home or disposable income. "The people are more down-to-earth," she says. "And there's space everywhere. I love waking up and looking out our bedroom window to see deer feeding. We'll be sitting on the deck and I think, Look at all we have! We're so lucky. We made it."

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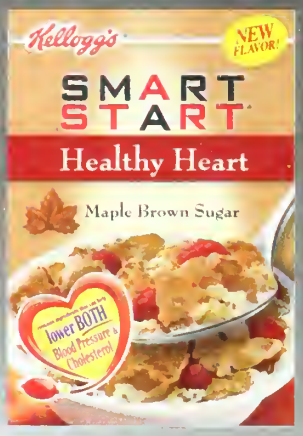
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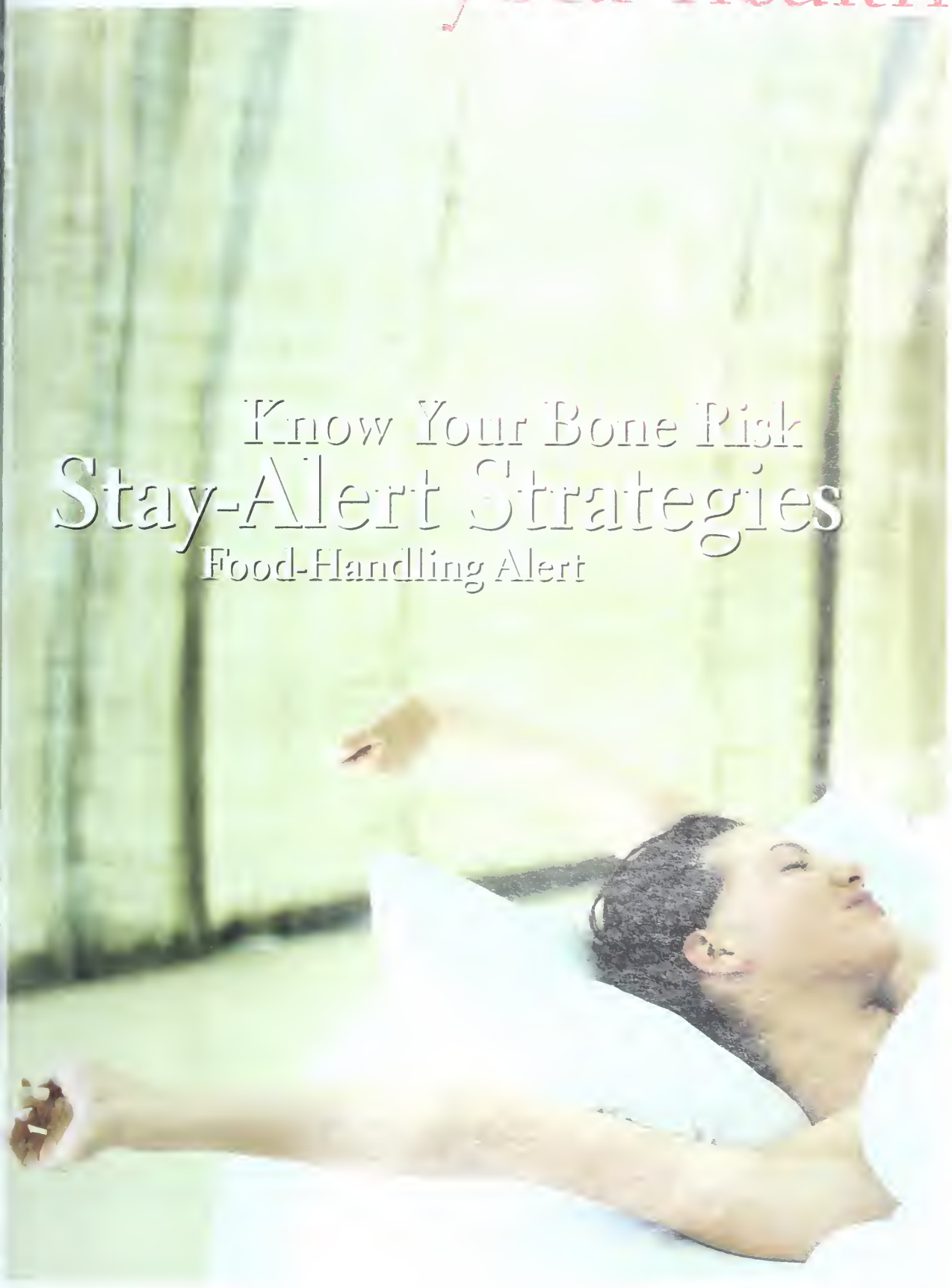
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Sleepy? Here's How to Stay Alert



Don't rely on afternoon coffee or a sugary snack to get you through the day. There's a healthier way to combat daytime sleepiness: self-applied acupressure, according to new research from the University of Michigan Medical School, in Ann Arbor. The effect of these exercises may be similar to drinking a caffeinated beverage in the morning or getting an extra hour of sleep. Try acupressure by using your index and middle fingers to massage stimulation points in a circular motion for three minutes at a time. First massage for 90 seconds clockwise, then for 90 seconds counterclockwise. Use a very firm touch—the pressure should be a bit uncomfortable. The best places to massage are:

- **The back of the head,** at the hairline on both the right and left sides of the neck simultaneously.
- **The area between the thumb and forefinger,** just beyond the webbing on each hand. In this case, pinch between forefinger and thumb.
- **The front of the leg,** at the indent between the kneecap and knee bone. Masssage one leg, then the other.
- **Just below the ball of your foot,** toward the arch. Again, do one foot at a time. *—Alison O. White*

In our October 2005 issue we alerted you to a dangerous crisis in America's hospital emergency rooms. Over the past 10 years, the number of annual ER visits has increased 26 percent, while the number of emergency rooms has dropped nearly 14 percent. The results are overcrowding and long waits that can compromise care. Sign our petition to protect America's access to quality emergency room care. Then mail it to us or submit it online, where you can also read our story, "Danger at the ER," and Editor-in-Chief Diane Salvatore's update.

I want to protect America's access to quality emergency room care. I support the bipartisan Access to Emergency Medical Services Act (HR 3875)—sponsored by Representatives Bart Gordon (D-TN) and Pete Sessions (R-TX).

THIS INITIATIVE WOULD:

- Provide additional funding for physician services furnished in an emergency room or critical-access hospital.
- Address emergency room overcrowding by providing incentives for hospitals to move patients from ER beds to inpatient beds.

Please fill out the form below and mail it to *Ladies' Home Journal* ER Petition, 125 Park Avenue, 20th Floor, New York, NY 10017, or go to *www.lhj.com/petition*

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The information you provide here will be shared with Congress and will be used for this petition only. *Ladies' Home Journal* will not use the information for commercial purposes.

CONTINUED ON PAGE 175



Ask your doctor about Boniva
The first and only **once-monthly** tablet for **osteoporosis**

BONIVA is for women with postmenopausal
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Patient Information

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Rx only

Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see "**What are the possible side effects of BONIVA?**")

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see "**How should I take BONIVA?**").

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see "**What is osteoporosis?**")

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this page for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby.
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby.
- have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach)
- if you have kidney problems.
- **about all the medicines you take** including prescription and non-prescription medicines, vitamins and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see "**How should I take BONIVA?**")

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.
- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.
- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:
  - Lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
  - Eating or drinking anything except for plain water.
  - Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium, and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.
- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see "**How should I take BONIVA?**").

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see "**How should I take BONIVA?**"). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **Do not** take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, **wait** until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see "**How should I take BONIVA?**")

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, **do not** take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. **Do not** take two tablets on the same day.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- **pain or trouble with swallowing**
- **chest pain**
- **very bad heartburn or heartburn that does not get better**

BONIVA MAY CAUSE

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are:

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Oriental (Asian)

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information. Do not use BONIVA for a condition for which it was not prescribed. Do not give BONIVA to other people, even if they have the same symptoms you have. It may harm them.

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium

BONIVA (inactive ingredients): lactose monohydrate, povidone, microcrystalline cellulose, crospovidone, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

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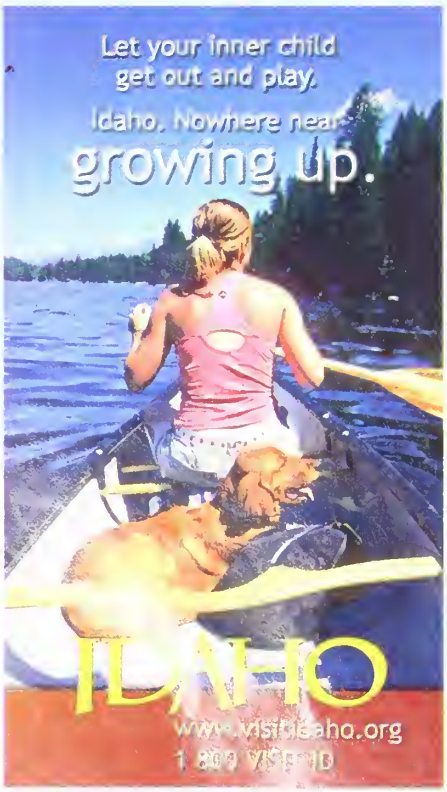
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TRAVEL DESTINATIONS



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The Dazzle of Disneyland

With its magical mix of lovable old characters and cool new rides, the fabled California them park—now celebrating its golden anniversary—is the perfect destination for a fun family vaca

Disneyland's reputation as "The Happiest Place on Earth" is in full force during its 50th anniversary celebration. To mark its milestone year, the Anaheim, California, theme park is holding special events and attractions that will run throughout 2006. The daily "Parade of Dreams" features a cast of all-stars, from Pinocchio to the Lion King, on spectacular floats accompanied by music and dancers. The "Remember . . . Dreams Come True" fireworks show, with state-of-the-art pyrotechnics, lighting and sound effects, is held nightly. The Opera Ho Town Square has a new exhibi neyland: The First 50 Magical which includes a film with co Steve Martin, who as a teen his sleight-of-hand skills work the Magic Shop on Main Stre park has also undergone a over, especially its crown Sleeping Beauty's Castle. C with giant faux sapphires, dia and rubies, its stonework h with gold paint and spires a with crowns, it actually shimm the Southern California sun.

Radiating out from the cas Disneyland's seven mini-king all within comfortable walki tance. Tomorrowland's hot tion is Space Mountain, co


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which reopened last July with spectacular new special effects and a redesigned roller coaster track that really torques up the thrills. In Adventureland, there's always a long line snaking through the Temple of the Forbidden Eye at the Indiana Jones ride, a rollicking quest in troop-transport vehicles where swashbuckler wannabes dodge arrows and other perils, including a humongous, rampaging boulder. And at the Haunted Mansion in New Orleans Square, new and improved ghosts raise even more goose bumps.

The popular Big Thunder Mountain Railroad in Frontierland, which zigzags through caves, grottoes and waterfalls, is gorgeous at night. Best by day is Splash Mountain in Critter Country, which climaxes with a five-story drop at 40 mph that gives you a good soaking. But it's the original attractions, some dating back to the park's opening in 1955–Autopia, the Monorail and Jungle Cruise–that give Disneyland its truly timeless appeal. Nowhere is that more true than Fantasyland, where flying with Dumbo and taking a wild ride with Mr. Toad have become a childhood rite of passage.

Especially enchanting for toddlers is Mickey's Toontown. It's wonderfully dizzying to step into this cartoon village, where the buildings have no straight lines or right angles, and where a giant painted backdrop of green hills blends seamlessly into the real sky. Kids can get their ya-yas out in Goofy's Bounce House, an inflated Victorian where they can pounce on the walls, furniture, fireplace, even the lamps. Chip 'n Dale live nearby, as do Mickey and Minnie (they're neighbors), and their doors a always open.

Speaking of neighbors, it's abs lutely worth visiting Disney's Califo nia Adventure Park, right across fro Disneyland. A must-see is Turtle Ta with Crush, the terrapin from *Findi Nemo*. This is Disney "Imagineerin at its most innovative: In this first-o its-kind, real-time animated show, t onscreen character interacts wit guests, asking them questions an chatting about his most excellent li under the sea.

Food and drink are available throug out both parks. Single-day tickets f Disneyland are $56 (10 years and u and $46 (children 3 to 9). A park ho per ticket that lets you visit Californi Adventure Park in addition to Disne land costs $20 more per person.

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When a 25-year-old man was diagnosed with testicular cancer, he found himself attending his doctor's appointments and chemotherapy treatments with his mother and sister. They came armed with questions and concerns.

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Dr. Garnett probably wouldn't call himself a hero. But there's a very relieved family who would beg to differ.



Dr. John E. Garnett,
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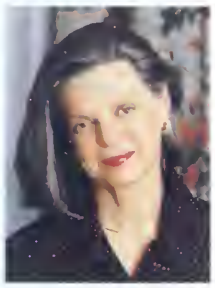
Danger at Your Desk

Scarfing down that sandwich at your desk during lunch could set you up for food-borne illnesses. A recent survey from the American Dietetic Association (ADA) and the ConAgra Foods Foundation found that more than half of all office workers eat at least one meal at their desk per day, that three-quarters clean their desktops only occasionally, and 20 percent never do. A dirty desktop, it turns out, can harbor harmful bacteria, such as *E. coli* and salmonella. To keep bacteria out of your meal, wipe down your desk, phone, keyboard and mouse with an antibacterial cleaner or wipe, recommends Jackie Newgent, national spokesperson for the ADA/ConAgra Foods Home Food Safety Program. "If you eat at your desk every day, you need to clean it every day," Newgent says. File cabinets and pens need a wipe-down, too. And don't forget to wash your hands before you nosh. Newgent says that lathering up for 20 seconds with soap and warm water prior to eating may halve your risk of food-borne illness. *—Kimberly Papa*

COOL RELIEF FOR HOT FLASHES

Why do some women suffer from hot flashes while others never break a sweat? The answer may lie in your thermoneutral zone, the range of core temperatures at which your body feels most comfortable. For women with a lower tolerance for temperature change, even a slight rise in body temperature can trigger a flash. What causes the thermoneutral zone to be so narrow in some women? Declining estrogen levels may play a role, according to researcher Robert R. Freedman, Ph.D., professor of psychiatry and obstetrics-gynecology at Wayne State University in Detroit. But why the zone is narrow in some women but not in others remains a mystery. Estrogen therapy, the blood pressure-lowering drug clonidine and some antidepressants can ease hot flashes through such has risks and side effects. Easier nonhormonal options include keeping rooms cool, dressing in layers and light clothing and sipping cool drinks. A less-known but practical strategy, according to Dr. Freedman, deep, slow belly breathing, known as paced respiration. Try taking just six to eight breaths per minute, twice a day for 15 minutes, or whenever you start to feel warm. You might nip your attacks in half, says Dr. Freedman. *—Catherine Watson*

Q: I keep getting urinary tract infections (UTIs), usually after sex. My sister has never had one. What am I doing wrong?



DR. MARIANNE J. LEGATO: You and your sister may be different because of inherited or physical factors. Some 50 to 60 percent of adult women have had a UTI at some point in their lives, and for some, recurrent infections are a real problem. The most common source of frequent infections are bacteria that cling to the lining of the bladder and urethra, even after treatment with antibiotics. This condition is probably genetic. Other women are prone because they have a shorter distance between the urethra and vagina, which allows fecal bacteria to more easily migrate to the urethra and cause an infection. Changing your method of contraception and avoiding spermicide may help reduce the frequency of your infections, as can urinating immediately after intercourse and regularly drinking lots of fluids. Cranberry juice has also been shown to lessen the incidence of reinfection. If these measures don't work, make an appointment with a urologist to discuss effective treatments and prevention.

Marianne J. Legato, M.D., is the medical adviser to *Women's Health Journal* and the founder and director of the Partnership for Gender-Specific Medicine at Columbia University.

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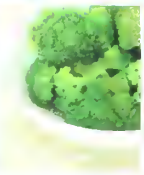
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Your Healthy Bones Action Plan

Whether you're 35 or 55, it's never too soon—or too late—to start saving your bones

By Sandra Gordon

Katy Koontz was 38 and the mother of an active 4-year-old girl when her doctor delivered some upsetting news. The Knoxville, Tennessee, mom—whose period inexplicably never came back after the birth of her daughter—was in early menopause. Concerned about the rapid bone loss that occurs when a woman's period stops, her doctor referred Koontz for a bone-density test. "I thought it was weird that I was in menopause, but I didn't expect anything unusual because I had always been healthy," says Koontz, who regularly walked five miles per day. When she learned a few days later that she had severe osteoporosis—bones so brittle that they could easily fracture—she was horrified. "My doctor said she had last seen bones like mine in an 83-year-old," recalls Koontz, now 46. Overnight Koontz's life changed dramatically. A lifelong skier, she had to give up the sport for fear of having a bone-shattering fall. Ditto for ice-skating and sledding with her daughter, Sam. "I suddenly felt old and fragile," says Koontz.

What happened to Koontz is shocking because she's so young, but she's hardly unique. An estimated 1.5 million American women in their 40s or younger have osteoporosis, making them vulnerable to potentially devastating fractures of the hip, spine and CONTINUED

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wrist. Because we tend to have bones that are smaller and less dense than men's and lose bone mass more quickly, 80 percent of the nation's 10 million osteoporosis sufferers are women. An additional 34 million American women have a serious but less-critical condition called osteopenia: bone mass that's significantly lower than normal, putting them at high risk for osteoporosis.

It's never too late to start improving your bones. And if you have daughters, it's also important to get them involved in keeping their bones strong. The steps you take now can pay off for a lifetime.

WHY YOUR BONES CHANGE—AND WHEN

Though we think of bones as being static and unchanging, they aren't. They are composed of living tissue that is constantly in flux. Two types of cells that help with bone formation are osteoblasts, which make new bone tissue, and osteoclasts, which break down current bone tissue in a process known as remodeling. To build and maintain bone, your body needs a steady supply of calcium (along with Vitamin D to maximize calcium absorption) and estrogen. Bones also need weight-bearing exercise, such as walking, strength training or jogging. But exercise alone won't keep bones healthy, as Koontz learned.

While we're young, this process ticks along smoothly, with the body building bone more rapidly than it loses it, till we reach our peak bone mass in our mid-20s. Then the scenario changes and we gradually lose bone faster than it can be replaced. When estrogen levels fluctuate during perimenopause (
typically starts between ages 45 and 47) the
plummet after menopause (about 51), bon
loss accelerates.

That's why we need to be vigilant abou
keeping the bone we have. Indeed, the onl
way to prevent osteoporosis is to mak
bones as strong as possible when we'r
young and keep them healthy as we get ol
er, says Bess Dawson-Hughes, M.D., direc
tor of the Bone Metabolism Laboratory a
the Jean Mayer USDA Human Nutritio
Research Center on Aging at Tufts Unive
sity, in Medford, Massachusetts. Think o
eating well and exercising as making depos
its in your bone bank. Surveys show tha
nine out of 10 women don't get enough cal
cium to help maintain bone health. And onl
40 percent of Americans regularly exercise.

If you've been remiss, you can still star
helping yourself now. Case in point: Kat
Koontz began taking a prescription bone
building medication as well as a calciu
supplement to slow down her bone los
and strengthen the bone she had whil
continuing to walk five miles a day. Eac
year her bone density improved slightly
Nearly a decade later, though she still ha
osteopenia, her doctor is so pleased wit
her improved bone health that Koontz ha
returned to the slopes.

CONTINUE

STRONG BONES START EARLY: How to Protect Your Kids

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Your age and your estrogen level determine which strategies make the most sense for you at each stage of your life. Start by finding your age group (and that of your mother or postadolescent daughter) in the article below. To protect your kids, see "Strong Bones Start Early," on page 180.

AGES 19 TO 24

What Happens: During these years you reach your lifetime peak bone mass. Childhood sets the stage—you build about 60 percent of your skeleton then—but the rest comes during adolescence and your 20s. That's when high levels of estrogen and two other hormones, growth hormone and insulin-like growth factor-1, increase bone density, helping you develop about 40 percent more bone than you had in your teens. You'll need it: "A peak bone density that's just 5 percent less than what it might have been can lead to a 40 percent increase in your risk of osteoporosis," says calcium researcher Dorothy Teegarden, Ph.D., professor of nutrition at Purdue University, in West Lafayette, Indiana.

Your Healthy Bone Regimen. Consume 1,000 milligrams (mg) of calcium per day—slightly more than three 8-ounce glasses of skim milk—and 200 International Units (IUs) of Vitamin D. (Milk is an excellent source of D, as well.) If you don't get enough from your regular diet, take a daily calcium/vitamin D supplement or a multivitamin containing these ingredients to make up the shortfall. To maximize bone growth you also need to do weight-bearing exercise that challenges your body's large muscle groups (shoulder muscles, back and pelvic area). Good choices: strength training, running, walking or step aerobics.

Strong Bone Strategies:

- **Inventory your habits.** Coffee, cola and other caffeinated drinks inhibit calcium absorption slightly—for every eight ounces of coffee you consume, your body fails to absorb 4 mg of calcium. That's a trivial amount when you're supposed to be consuming 1,000 mg of calcium a day. The main reason to monitor caffeine is that, if you sip a lot of black coffee or soda, you're less likely to drink milk. To spare your bones, limit caffeinated drinks to two to three 8-ounce servings a day, advises Nelson B. Watts, M.D., director of the Bone Health and Osteoporosis Center at the University of Cincinnati College of Medicine. Sneak in an extra 40 mg of calcium a day by adding two tablespoons of milk to your coffee or tea, or indulging in cappuccino, latte or milky chai (low-fat or fat-free milk will give you even more calcium per serving). If you smoke, your bones are yet another reason to quit—the habit can weaken them. So can too much alcohol: Limit it to 6 ounces of wine, 12 ounces of beer or 1 ounce of spirits per day.
- **Watch the salt.** Sodium makes your body excrete more calcium than usual when you sweat or urinate. We need only about one teaspoon of salt per day; most of us get far more, primarily from packaged foods. Eat more fresh foods; switch to lower-sodium versions of packaged products. CONTINUED

RATE YOUR BONE HEALTH

The gold standard for measuring bone density is the dual energy X-ray absorptiometry (DXA) test, which measures bone density in the spine, hip or forearm. It's considered the best test because it uses the least amount of radiation (about 1/30th the amount in a chest X-ray) to scan and rate your bones. Cost: around $200.

When you take a DXA test, you'll get a T-score, a numerical grade for bone health for the part of your body that's tested. Each number shows how your BMD (bone mineral density) compares with that of a 30-year-old with optimum bone density—the norm. The difference between your BMD and the norm is called a standard deviation (SD). Normal bone density is within one SD (plus 1 or minus 1) of the 30-year-old. Scores below that are given in negative numbers. What you want is a BMD that's higher than -1. If you're -1 to -2.5 SD below the young-adult norm, you have low bone mass, or osteopenia. A score that's worse than -2.5 signals osteoporosis.

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WHICH SUPPLEMENT IS BEST?

In an ideal world, it's best to get calcium from food. "Bone health isn't just a calcium issue," says Robert P. Heaney, M.D., professor of medicine at Creighton University, in Omaha. "To rebuild themselves, bones also need protein, phosphorus and a whole host of other nutrients that you would best get from food or milk." Yet many women drink water or diet soda instead of milk at meals and don't get enough calcium from other sources. If this sounds like you, it's smart to take a calcium supplement.

Supplements aren't regulated by the Food and Drug Administration in the same way drugs are, so you need to be scrupulous about choosing a reputable product. While easier said than done (all supplement makers say that they're reputable), experts generally advise choosing a nationally known brand rather than one from a small or obscure manufacturer.

Be sure that you buy a supplement with vitamin D_3; bones need D to absorb calcium and D_3 is its most potent and effective form. Supplements may contain three forms of calcium (calcium carbonate, calcium citrate or calcium phosphate). Ask your doctor which is best for you, considering the following:

- Will you take it regularly? Many calcium supplements resemble horse pills—so if you have trouble swallowing a pill, this may not be the form for you. You may be better off with a supplement that's chewable, such as a flavored tablet, soft gel or chewable candy. Or swallow several smaller pills.
- How much does it cost? If cost matters, you may prefer calcium carbonate, the least-expensive form of calcium. Because it weighs less than other forms, manufacturers can pack more calcium into one pill, so you can end up taking fewer pills each day.
- Does it have side effects? Calcium carbonate can cause gas, nausea and stomach pain in some women. If that's the case, try other forms of calcium.

Once you decide on a supplement, take it with meals to improve absorption by 10 to 15 percent. Also, spread your dosage equally over the course of the day. For example, if you down a 500-mg supplement every day, take 250 mg at breakfast and another 250 mg at dinner.

If you need an iron supplement, don't take it at the same time as your calcium pills unless you wash both pills down with orange juice. Calcium (with the exception of calcium citrate) interferes with iron absorption. OJ increases iron absorption and overrides calcium's blocking effect.

- **See your doctor if your period stops.** If you miss your period for three consecutive months or more—and you're not pregnant or nursing—get to a doctor. Amenorrhea can occur for many reasons, including an eating disorder or excessive physical activity. (Ballet dancers and athletes, for instance, may miss periods due to low body fat.) Whatever the cause of the problem, the consequences are the same: Estrogen levels drop, preventing bone-building cells from doing their job, a loss that can't be recouped later, says Michelle P. Warren, M.D., director of the Center for Menopause, Hormonal Disorders and Women's Health at Columbia University Medical Center, in New York City.
- **Be scrupulous about calcium if you take birth control pills.** The pill maintains a steady level of estrogen, preventing the surges of estrogen that can aid bone formation. To protect bone, make sure you meet your calcium quota. Dr. Teegarden recently found that young women on the pill who consumed 1,000 mg of calcium per day didn't lose bone in their hip or spine over the course of a year. By contrast women on the pill who got 800 mg or less lost up to 2 percent of their bone mass in these areas.

AGES 25 TO 39

What Happens: Your peak bone-building years have ended and you're beginning to lose bone more rapidly than it is replaced. Though you can't stop this natural process, getting enough calcium, vitamin D and exercise can help slow it down.

Your Healthy Bone Regimen: Keep up the calcium and vitamin D. Your needs are the same as in young adulthood: 1,000 mg of calcium and 200 IUs of vitamin D per day, from diet or by adding a supplement.

Strong Bone Strategies:

- **Make exercise a routine.** If you have kids or a demanding job, you may find yourself slacking off on exercise. Don't. Try to walk at least 7,500 steps a day, about three miles. "Women in their 20s and early 30s who walk a mile or more each day reduce their risk of hip fracture by 30 percent as they grow older," says Miriam E. Nelson, Ph.D., director of the John Hancock Center for Physical Activity at Tufts University and coauthor of *Strong Women, Strong Bones.* If you can manage to squeeze in some strength training, even better. If you can't get to a gym, use your body weight to do push-ups, lunges, squats, calf raises and triceps extensions. (Do 8 to 12 reps and two sets of each exercise.)
- **Make sure you get your full quota of calcium and vitamin D when** CONTINUED

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you're pregnant or nursing. Though your calcium needs increase if you get pregnant or nurse your baby, your body compensates by upping the amount of calcium it absorbs from food: as long as you get 1,000 mg of calcium a day, you'll be fine. You'll lose some bone when nursing, but regain it once you stop.

Tell your doctor about any broken bones. "Whenever you fracture a bone as an adult, you should investigate the possibility of osteoporosis with your physician," says Kerry Siminoski, M.D., professor of radiology, diagnostic imaging and internal medicine at the University of Alberta, in Edmonton. This is particularly true for any low-trauma fracture—one that's caused by a fall from standing or sitting height. Dr. Siminoski has found that women who broke a hip, back, wrist or ankle bone after age 20 were up to 10 times more likely to be at risk for osteoporosis.

AGES 40 TO 49

What Happens: During perimenopause, the transitional years leading to menopause when estrogen fluctuates and your periods become irregular, you can lose bone at a rate of half a percent to three percent per year.

Your Healthy Bone Regimen: It's too soon to up your calcium intake beyond 1,000 mg/day (plus 200 IUs of vitamin D), but be very sure you get this much or your bone loss could be even greater. If you don't get enough calcium and D from food, start taking a supplement. (If you enter menopause in this decade, read the next section.)

Strong Bone Strategies:

Focus on strength training. It's still important to walk or run, but now the force you exert on bone really has to be greater than what it's used to in daily life, which is where strength training comes in. Ideally, join a gym: Resistance machines let you lift more weight than you can lift at home, advises Dr. Nelson. Studies show that 45 minutes of strength training twice a week are all it takes to maintain bone mass and slow bone loss. If you can't afford a gym, consult with a personal trainer who can design an effective at-home strengthening program.

Consider taking an oral contraceptive. Although the pill can be bad for bone in younger women, some studies show it can increase bone density in women who are beginning to lose their body's natural supply of estrogen. If your period is irregular, the pill can regulate it—and stop hot flashes, which can start now. If you smoke or have high blood pressure, the pill is off-limits.

AGE 50 PLUS

What Happens: After your period stops, you can lose 30 to 50 percent of your bone mass over the next 10 years, says Felicia Cosman, M.D., clinical director of the National Osteoporosis Foundation, in Washington, D.C., and author of *What Your Doctor May Not Tell You About Osteoporosis*. Cut bone loss all you can in your crucial 50s and 60s.

Your Healthy Bone Regimen: Try to bump up your calcium intake to 1,200 mg per day and be sure to get enough vitamin D. Current guidelines call for 400 IUs of D from age 51 to 70, then 600 IUs thereafter (more may help, in some cases). More than 70 percent of women ages 51 to 70 and nearly 90 percent of older women don't get sufficient calcium or D. And get enough magnesium, too (women over 30 need 320 mg/day). Recent CONTINUED


"I hate
health food.
But I love
eat"
Kashi
The Seven Whole Grain Company



research suggests that every 100 mg of magnesium people age 70 and older consume translates into a one percent increase in bone density. For some, bone-building drugs can also help.

Strong Bone Strategies:

Discuss osteoporosis with your doctor. How soon should you have your bones tested? If you have a family history or other risk factors (see "Are You at Risk for Brittle Bones?" page 182), you may be a candidate for what insurers consider an "early" bone mineral density (BMD) test. DXA, the best type, is essentially a low-dose-radiation X-ray of your skeleton to assess the amount of calcium in your bones and gauge their health (see "Rate Your Bone Health," page 182). Though BMD testing isn't used as a screening tool for all women until age 65, most insurers will cover a baseline screening at menopause or sooner if you're at risk for osteoporosis. It may make sense to insist on a DXA test soon after 50, even if you're not in the high-risk group, and pay for it yourself (it costs about $200).

BONE-SAVING DRUGS: DO THEY WORK?

Hormone therapy may be the most effective way to actually stop the rapid bone loss associated with menopause. But more and more other medications that slow bone loss and even help build bone density (without the risks of HT) have become doctors' treatments of choice for osteopenia and osteoporosis. How long you stay on a medication depends on how well you tolerate it and how your bones fare. Some drugs also have suggested time limits. Here's a look at common bone savers.

Bisphosphonates. The three main types—*alendronate*, *risedronate* and *ibandronate*—increase bone density in both the hip and spine. Prescribed for both osteopenia and osteoporosis, they're available in pill or liquid form and can be taken daily, weekly or monthly, depending on the formulation. Some research on alendronate is starting to raise questions about whether these drugs, which increase bone density by inhibiting bone turnover, could make bones more brittle or increase the time it takes fractures to heal. In the high doses taken for bone cancer, bisphosphonates have been associated with breakdown of the jawbone in cancer patients. Discuss these issues with your physician.

Calcitonin. This naturally occurring hormone slows bone loss and reduces the risk of spinal fractures. It's available as a once-a-day nasal spray or as a shot administered either once a day, every other day or three times a week.

Raloxifene. This estrogen-like substance is prescribed for osteoporosis of the spine but is not advised for women with cancer, congestive heart failure, liver disease or a medical history of blood clots. Taken once a day in pill form, it increases bone density and decreases spine fractures. It may cause hot flashes, sudden sweating or leg cramps, especially during the first six months.

Parathyroid hormone. This relatively new treatment for severe osteoporosis stimulates new bone formation and increases bone density. You'll need to give yourself daily injections and are advised to use it for two years at most.

"I believe we really should be testing a women at menopause at the latest becaus you can have no risk factors yet still hav very low bone mass or osteoporosis," say Dr. Cosman.

Calcium supplements: Probably "must" for most. The higher amount o calcium you need now may be difficult t get from food alone. Getting the amoun right can make a difference—especially you pair it with exercise. A four-year stud at the University of Arizona, in Tucson found that postmenopausal women wh did a weight-bearing and strength-trainin program three times a week for 60 to 7 minutes and took an 800-milligram calciu supplement on top of their usual dietar calcium intake improved their bone minera density by one to two percent. (Anothe reason to emphasize strength training now Strong muscles help balance, which reduce your risk of falls and chance of fractures.)

Boost your B vitamins. Now, more tha ever, you need folic acid and vitamins B_{12} an B_6 to lower homocysteine, an amino acid i the blood. Though an elevated homocystein level is best known as a sign of heart-attack risk, reducing this amino acid also protects your bones. People whose levels are greater than 10 to 12 micrograms per liter are at high risk for hip fracture, reports Katherine Tucker, Ph.D., an epidemiologist at Tufts University's USDA Human Nutrition Research Center on Aging, in Boston. Sources of homocysteine-lowering B vitamins include green vegetables, such as spinach, broccoli and kale, and B-fortified cereal. If your levels are too high (there's a simple blood test), you may need to take a prescription-strength vitamin B complex supplement.

Ask your doctor about bone-saving medications. On the basis of your bone density, medical history and other risk factors, you may be a candidate. Even if you take one of these drugs, do weight-bearing exercise to improve your strength and balance and make sure you get enough calcium and vitamin D.

LHJ.com **Need to give your bones a boost? Find healthy recipes: www.lhj.com/healthybones**



ur treatment is doing enough: Get your free Personal RA Profile now.

More and more rheumatologists are prescribing HUMIRA® (adalimumab). It's strong enough to slow the progression of moderate to severe RA and can be injected at home, usually once every other week.

Is HUMIRA right for you? Your free Personal RA Profile will show you the severity of your condition and its impact on your life compared to other RA patients. You'll also receive information on current treatment options and tips on how to get more out of talking with your doctor.

For information on HUMIRA and your free Personal RA Profile, call or click today. And be sure to talk to your rheumatologist about HUMIRA.

1.800.351.8753
www.HUMIRA.com

HUMIRA

ortant safety information about HUMIRA® (adalimumab): HUMIRA is approved for reducing the signs and symptoms, inducing r clinical response, slowing the progression of joint damage, and improving physical function in adult patients with moderate to re rheumatoid arthritis. HUMIRA is also approved for reducing the signs and symptoms of active arthritis in patients with psoriatic itis. HUMIRA can be used alone or with methotrexate or other DMARDs (disease modifying anti-rheumatic drugs). Do not start g HUMIRA if you are allergic to the drug or anything in it. You should not start HUMIRA if you have any type of infection. An tion can be in one part of your body, such as an open sore, or it can be an illness such as the flu. Tell your doctor if you've had nfection in the past that keeps coming back, or have any problems that increase the risk of infections. **Before you take HUMIRA, doctor should test you for tuberculosis (TB). Tell your doctor if you've ever had TB, or been near someone who had TB. If s of TB (a dry cough that doesn't go away, weight loss, fever, night sweats) or any other infection appear after taking MIRA, tell your doctor immediately.** Tell your doctor if you feel any numbness or tingling or if you've ever had a disease that cts your nervous system such as multiple sclerosis. Tell your doctor if you have ever been treated for heart failure. Once you taking HUMIRA, tell your doctor right away or seek emergency care immediately if you have an allergic reaction (a bad rash, len face or trouble breathing). Also tell your doctor right away if you have signs of a serious blood disorder (persistent fever, ing, bleeding or paleness). There have been rare cases of severe allergic reactions after taking HUMIRA. There have also been cases of serious and sometimes fatal infections, lymphoma, rare cases of nervous system disorders, and serious blood ders have occurred in patients taking TNF-blocking agents, including HUMIRA. Tell your doctor about all medicines you are taking or idering. **The combination of HUMIRA and Kineret (anakinra) is not recommended.** Check with your doctor before you receive vaccines. Tell your doctor if you are pregnant, become pregnant or plan to become pregnant. The most common side cts of HUMIRA are injection site reactions, upper respiratory infections, sinus infections, headache, rash and injection site pain.

ABBOTT LABORATORIES

05 Abbott Laboratories 05D-64P-J140-1 Printed 2004

Please see adjacent page for product brief summary.

CONSUMER BRIEF SUMMARY-CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

HUMIRA®

(adalimumab)

Patient Information

Read this leaflet carefully before you start taking HUMIRA (**hu-mare-ah**). You should also read this leaflet each time you get your prescription refilled, in case something has changed. The information in this leaflet does not take the place of talking with your doctor before you start taking this medicine and at check ups. Talk to your doctor if you have any questions about your treatment with HUMIRA.

What is HUMIRA?

HUMIRA is a medicine that is used in people with moderate to severe rheumatoid arthritis (RA) or with psoriatic arthritis (PsA). RA is an inflammatory disease of the joints. PsA is an inflammatory disease of the joints and skin. People with RA or PsA may be given other medicines for their disease before they are given HUMIRA.

How does HUMIRA work?

HUMIRA is a medicine called a *TNF blocker*, that is a type of protein that blocks the action of a substance your body makes called TNF-alpha. TNF-alpha (tumor necrosis factor alpha) is made by your body's immune system. People with RA or PsA have too much of it in their bodies. The extra TNF-alpha in your body can attack normal healthy body tissues and cause inflammation especially in the tissues in your bones, cartilage, and joints. HUMIRA helps reduce the signs and symptoms of RA (such as pain and swollen joints), may help prevent further damage to your bones and joints, and may help improve your ability to perform daily activities. In addition, HUMIRA helps reduce the signs and symptoms of PsA (such as pain and swollen joints).

HUMIRA can block the damage that too much TNF-alpha can cause, and it can also lower your body's ability to fight infections. Taking HUMIRA can make you more prone to getting infections or make any infection you have worse.

Who should not take HUMIRA?

You should not take HUMIRA if you have an allergy to HUMIRA or to any of its ingredients (including sodium phosphate, sodium citrate, citric acid, mannitol, and polysorbate 80). The needle cover on the pre-filled syringe contains dry natural rubber. Tell your doctor if you have any allergies to rubber or latex.

What information should I share with my doctor before I start taking HUMIRA?

Tell your doctor if you have or have had any of the following:

- Any kind of infection including an infection that is in only one place in your body (such as an open cut or sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from HUMIRA. If you are unsure, please ask your doctor.
- A history of infections that keep coming back or other conditions that might increase your risk of infections.
- If you have ever had tuberculosis (TB), or if you have been in close contact with someone who has had tuberculosis. If you develop any of the symptoms of tuberculosis (a dry cough that doesn't go away, weight loss, fever, night sweats) call your doctor right away. Your doctor will need to examine you for TB and perform a skin test.
- If you experience any numbness or tingling or have ever had a disease that affects your nervous system like multiple sclerosis.
- If you are scheduled to have major surgery.
- If you are scheduled to be vaccinated for anything.

If you are not sure or have any questions about any of this information, ask your doctor.

What important information do I need to know about side effects with HUMIRA?

Any medicine can have side effects. Like all medicines that affect your immune system, HUMIRA can cause serious side effects. The possible serious side effects include:

Serious infections. There have been rare cases where patients taking HUMIRA or other TNF blocking agents have developed serious infections, including tuberculosis (TB) and infections caused by bacteria or fungi. Some patients have died when the bacteria that cause infections have spread throughout their body (sepsis).

Nervous system diseases. There have been rare cases of disorders that affect the nervous system of people taking HUMIRA or other TNF blockers. Signs that you could be experiencing a problem affecting your nervous system include: numbness or tingling, problems with your vision, weakness in your legs and dizziness.

Malignancies. There have been very rare cases of certain kinds of cancer in patients taking HUMIRA or other TNF blockers. People with more serious RA that have had the disease for a long time may have a higher than average risk of getting a kind of cancer that affects the lymph system – called lymphoma. If you take HUMIRA or other TNF blockers, your risk may increase.

Lupus-like symptoms. Some patients have developed lupus-like symptoms that got better after their treatment was stopped. If you have chest pains that do not go away, shortness of breath, joint pain or a rash on your cheeks or arms that is sensitive to the sun, call your doctor right away. Your doctor may decide to stop your treatment.

Blood Problems. In some patients the body may fail to produce enough of the blood cells that help your body fight infections or help you to stop bleeding. If you develop a fever that doesn't go away, bruise or bleed very easily or look very pale, call your doctor right away. Your doctor may decide to stop treatment.

Heart Problems: You should tell your doctor if you have ever been treated for [illegible] failure. If you have, your doctor may choose not to start you on HUMIRA, or may ask [illegible] to monitor you more closely. If you develop new or worsening problems like shortness of breath or swelling of your ankles or feet, you should call your doctor right away.

Allergic reactions: In rare cases, patients taking HUMIRA have had severe allergic reactions leading to difficulty breathing and low blood pressure, or shock. Allergic reactions can happen after your first dose or may not happen until after you have used HUMIRA many times. If you develop a severe rash, swollen face or difficulty breathing while taking HUMIRA, call your doctor right away or seek emergency help immediately.

What are the other more common side effects with HUMIRA?

Many patients experience a reaction where the injection was given. These reactions are usually mild and include redness, rash, swelling, itching or bruising. Usually, these will go away within a few days. If the skin around the area where you injected HUMIRA still hurts or is swollen, try using a towel soaked with cold water on the injection site. If you have pain, redness or swelling around the injection site that doesn't go away within a few days or gets worse, call your doctor right away. Other side effects are upper respiratory infections (sinus infections), headache and nausea.

Can I take HUMIRA if I am pregnant or breast-feeding?

HUMIRA has not been studied in pregnant women or nursing mothers, so we don't know what the effects are on pregnant women or nursing babies. You should tell your health-care provider if you are pregnant, become pregnant or are thinking about becoming pregnant. If you take this medication while you are pregnant, or if you become pregnant while taking HUMIRA you are encouraged to participate in a pregnancy registry to gather additional information about the use of HUMIRA during pregnancy by calling 1-877-311-8972.

Can I take HUMIRA if I am taking other medicines for my RA, PsA or other conditions?

Yes, you can take other medicines provided your doctor has prescribed them, or has told you it is ok to take them while you are taking HUMIRA. It is important that you tell your doctor about any other medicines you are taking for other conditions (for example high blood pressure medicine) before you start taking HUMIRA.

You should also tell your doctor about any over-the-counter drugs, herbal medicines, vitamin and mineral supplements you are taking.

You should not take HUMIRA with other TNF blockers. If you have questions, ask your doctor.

How do I take HUMIRA?

You take HUMIRA by giving yourself an injection under the skin once every [illegible] week, or more frequently (every week) if your doctor tells you to. If you accidentally take more HUMIRA than you were told to take, you should call your doctor. Make sure you have been shown how to inject HUMIRA before you do it yourself. You can call your doctor or the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472) if you have any questions about giving yourself an injection. Someone you know may also help you with your injection. Remember to take this medicine just as your doctor has told you and do not miss any doses.

What should I do if I miss a dose of HUMIRA?

If you forget to take HUMIRA when you are supposed to, inject the next dose as soon as you remember. Then, take your next dose when your next scheduled dose is due. This will get you back on schedule.

Is one time better than another for taking HUMIRA?

Always follow your doctor's instructions about when and how often to take HUMIRA. To help you remember when to take HUMIRA, you can mark your calendar ahead of time with the stickers provided in the back of the patient information booklet. For more information and ideas you can enroll in a patient support program by calling the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472).

HOW DO I STORE HUMIRA?

Store at 2°C – 8°C/36-46°F (in a refrigerator) in the original container until it is time to use. Protect from light. DO NOT FREEZE HUMIRA. Refrigerated HUMIRA remains stable until the expiration date printed on the pre-filled syringe. If you need to take it with you, such as when traveling, store it in a cool carrier with an ice pack and protect it from light.

Keep HUMIRA, injection supplies, and all other medicines out of the reach of children.

Reference: 03-5434-R7

Revised: October, 2005

051-64C-K984-2 **MASTER**

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North Chicago, IL 60064, U.S.A.

05D-64P-J14
Printed in U.S.

RTISEMENT

Cosmetic Breakthrough

etter than Botox®*?

IE STRETCH-MARK CREAM RNED ANTI-WRINKLE IENOMENON!™"

a remarkable turn of events, rguably one of the strangest in the istory of cosmetics, women cross the country are putting stretch-mark cream called -SD" on their face to diminish rance of fine lines, wrinkles and t. And, if consumer sales are any n of a product's effectiveness, -SD is nothing short of a miracle. 'as well as a growing number of " men are buying so much t-SD that finding a tube at your metic counter has become just ossible. Has everyone gone mad? ot really.

NTIFIC KTHROUGH JMB LUCK?

ugh StriVectin-SD's function- onents were already backed by rials documenting their abili- ibly reduce the appearance of stretch marks prominent of their depth, length, discol- and texture... the success of in-SD as an anti-wrinkle vas "dumb luck," says Gina okesperson for Klein-Becker®, f StriVectin-SD.

n we first handed out samples of 'ectin formula to employees and 's as part of our market research. ple tubes were simply marked cream' with the lot number ith," Ms. Gay explains. "As the were passed to friends and fami- essage became a little muddled people used this 'topical cream' al moisturizer. As we began to edback from users, like 'I look younger' and 'I can't even notice s' feet,' we knew we had some- ore than America's most effective ark cream. The point was driv- as store owners began reporting that almost as many people were purchasing StriVectin as an anti-wrinkle cream as were buying it to reduce stretch marks.

Dr. Daniel B. Mowrey, PhD, Klein-Becker's Director of Scientific Affairs, says, "Clearly, people were seeing results, but we didn't have a scientific explanation as to why this wrinkle-reduction was occurring. However, based on the incredibly positive reports I started using it myself — applying StriVectin to my face after shaving." Dr. Mowrey adds, "On a personal note, my wife tells me I haven't looked this good in years."

DUMB LUCK STRIKES AGAIN!

Then, on Tuesday July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo peptide called Pal-KTTKS versus retinol, vitamin C and placebo on "photo aged skin" was presented. "As luck would have it," Dr. Mowrey notes, "the anti-wrinkle oligo-peptide tested in the breakthrough clinical trials proved out to be a key ingredient in the StriVectin cream."

In the trials subjects [illegible] patented peptide [illegible] feet area on one side [illegible] cream containing [illegible] C, or a placebo [illegible]

Subjects in the [illegible] study applied the [illegible] months and the [illegible] next 2 months [illegible] analysis, the [illegible] "significant [illegible] appearance [illegible] unsightly [illegible] using the [illegible]

Better [illegible] point, the [illegible] nearly [illegible] measured [illegible]

[illegible] science [illegible] of anti-wrinkle treatment [illegible] Pal-peptide oil [illegible] proprietary anti-[illegible] registered trademark of Klein-Becker [illegible] are the property of [illegible]

BETTER THAN RETINOL AND VITAMIN C. BUT IS STRIVECTIN-SD BETTER THAN BOTOX ?

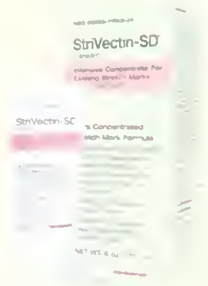
Dr. Nathalie Cervenka, PhD, RD Director of Women's Health at Salt Lake City-based Basic Research, exclusive distributor for Klein-Becker, explains, "Feeding [illegible] that Botox is the preferred treatment for good reason. Botox [illegible] it will [illegible] that StriVectin could reduce the appearance of fine lines wrinkles [illegible] Botox [illegible] and [illegible] in a mild 10 to 15 [illegible] StriVectin [illegible]

HAVING A HARD TIME FINDING STRIVECTIN-SD®?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are MACY'S *way to shop*, SEPHORA shops, PARISIAN, Lord & Taylor, [illegible] or Saks 5th Avenue they always try to keep it in stock or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at:

1-800-413-6545
or order online at
www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark cream, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle cream, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



Call 1-800-413-6545
or order online at
www.StriVectin.com

[illegible] Klein-Becker Holdings, LLC


GLAD
Press'n Seal
Custom fit, to seal air out and freshness in.

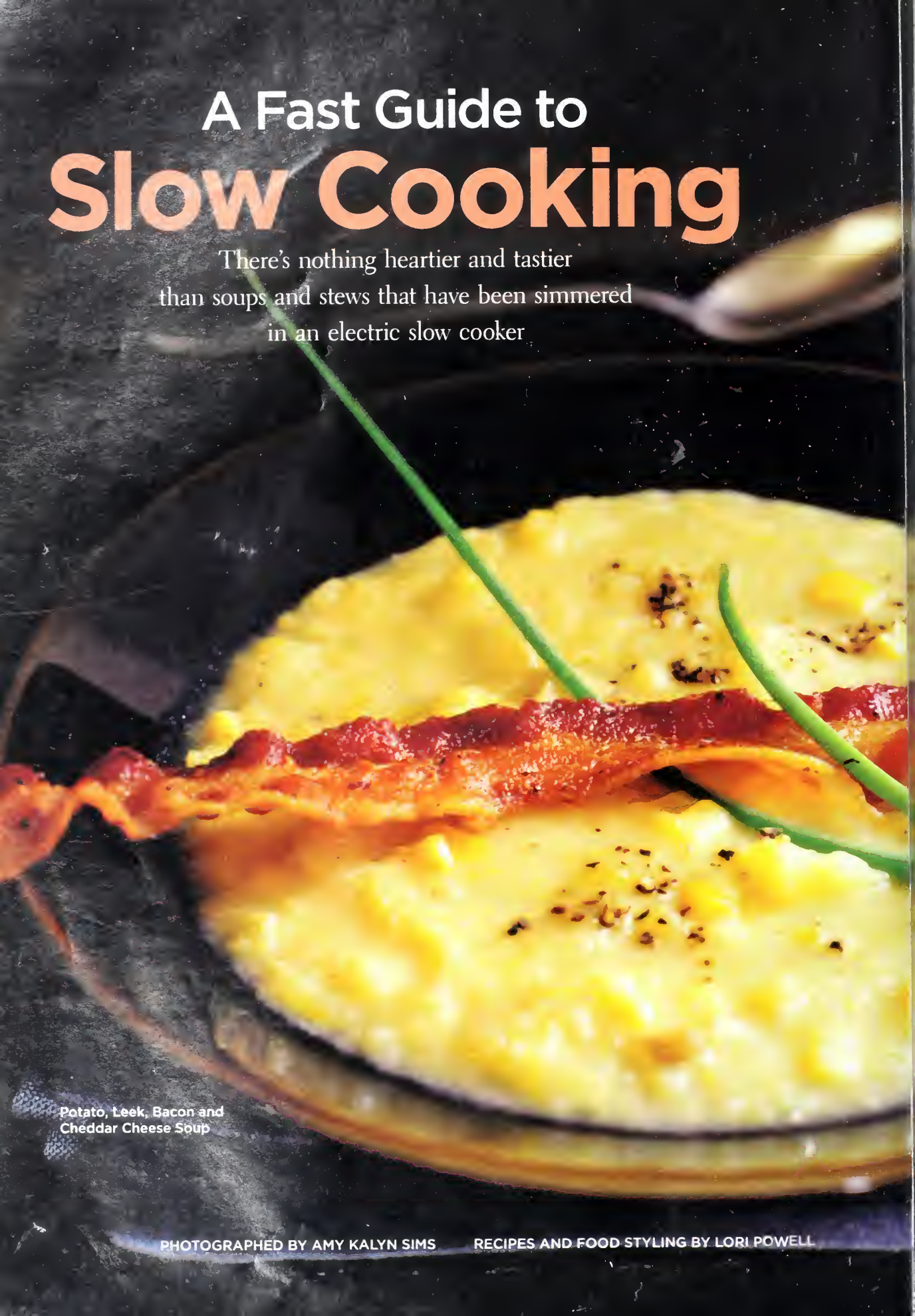


One-Dish Wonders

Super-Fast Prep Healthy Stews

A Fast Guide to Slow Cooking

There's nothing heartier and tastier than soups and stews that have been simmered in an electric slow cooker



Potato, Leek, Bacon and Cheddar Cheese Soup

PHOTOGRAPHED BY AMY KALYN SIMS RECIPES AND FOOD STYLING BY LORI POWELL

Potato, Leek, Bacon and Cheddar Cheese Soup

SERVES 8

Prep time: 45 min

Total time: 3 hrs 15 min

Kitchen cue: We love the sweetness of the leeks, but you could substitute 4 medium onions, chopped.

- 8 slices bacon
- 8 medium leeks (white and pale-green parts only), chopped
- 3½ lbs medium Yukon Gold potatoes, peeled and cut into eighths
- 3 thyme sprigs
- 8 oz part-skim cheddar cheese, coarsely grated
- 1¾ cups chicken broth
- ¾ cup half-and-half
- 1 box (10 oz) frozen corn kernels, thawed
- 3 scallions (green part only), chopped, plus additional for garnish

◆ Cook bacon in a large skillet over moderate heat, turning, until crisp. Transfer to paper towels to drain; set aside at room temperature. Leaving 1 tablespoon bacon fat in skillet, add leeks, season with salt and pepper and cook over moderate heat, stirring, 2 minutes.

◆ Transfer to slow cooker along with potatoes, thyme and 2 cups water. Cook, covered, on high heat 1½ hours. Remove thyme sprigs. Mash potatoes, then add remaining ingredients and 3 cups water. Cook on high heat 1 hour more. If a smoother texture is desired, blend soup, in batches, in a blender until smooth. Return each batch to slow cooker and reheat (if necessary) over low heat, stirring occasionally. Salt and pepper to taste. Ladle soup into bowls, garnish each with scallions and top with a slice of bacon.

Per serving: 410 calories, 12.5 g total fat, 6 g sat fat, 479 mg sodium, 57 g carbs, 348 mg calcium, 35 mg chol, 19 g protein, 4 g fib



Short Ribs

Short Ribs

SERVES 8

Prep time: 40 min

Total time: 4 hrs 40 min

Kitchen cue: Braised short ribs are tough in the supermarket. For a more [illegible] buy [illegible] about 3 lbs.

- 4 lbs bone-in beef short ribs
- 1 tablespoon olive oil
- 1 large onion, chopped
- 2 [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- ¾ cup low-sodium beef broth
- ¼ cup coarsely chopped flat-leaf parsley, plus additional for garnish
- ½ teaspoon ground allspice
- ½ teaspoon ground cinnamon
- ½ teaspoon freshly ground black pepper
- 2 thyme sprigs

◆ Rinse short ribs and pat dry; season with salt. Heat oil in a large skillet over moderately high heat until hot but not smoking. Add ribs, in batches, and cook, turning, until browned on all sides, about 5 minutes; transfer, as cooked, to slow cooker. Pour off all but 1 tablespoon of fat from skillet. Add onion, garlic, carrots and celery; cook over moderate heat.

CONTINUED



stirring and scraping up any brown bits from bottom of skillet, about 3 minutes. Add wine and simmer 2 minutes. Transfer to slow cooker with remaining ingredients and stir to combine. Cook, covered, on low heat until ribs are very tender, about 4 hours. Remove thyme sprigs. Serve ribs with their sauce over buttered noodles or mashed potatoes and garnish with parsley.

Per serving: 845 calories, 71.5 g total fat, 29 g sat fat, 617 mg sodium, 13 g carbs, 86 mg calcium, 152 mg chol, 37 g protein, 3 g fiber

Corned Beef and Cabbage

SERVES 6

Prep time: 30 min

Total time: 6 hrs 30 min

Kitchen cue: Serve this hearty stew on St. Patrick's Day with a fresh loaf of Irish soda bread.

- 1 piece (2 lbs) green cabbage, cut into sixths
- 1¼ lbs small Yukon Gold potatoes, halved
- 3 large carrots, cut into 2- by ½-inch pieces
- 2 large celery ribs, cut into 1-inch pieces
- 2 medium onions, each cut into sixths
- 1 cup beer (not dark)
- 1 bay leaf
- 1 thyme sprig
- 2 teaspoons mustard seeds
- 1 teaspoon dry mustard
- 1 piece (4 lbs) corned beef
- 1 cup grainy mustard

◆ Stir together cabbage, potatoes, carrots, celery, onions, beer, herbs, spices and 1½ cups water in slow cooker. Rinse corned beef and pat dry; nestle corned beef in vegetable mixture and cook, covered, on low heat until very tender, about 6 hours.

◆ Remove corned beef from pot and pull meat apart into big chunks. Spoon vegetables and broth into serving bowls. Top each with a piece of corned beef and serve with grainy mustard.

Per serving: 765 calories, 41.5 g total fat, 13.5 g sat fat, 2,800 mg sodium, 42 g carbs, 134 mg calcium, 209 mg chol, 45 g protein, 8 g fiber

COOK'S COLLECTION

SLOW & STEADY

Our favorite slow cooker is the Cuisinart CRC-650, which holds 6½ quarts. Its stainless-steel frame houses a wraparound heating element for even cooking, and the timer switches to "warm" when cooking time is complete; $99.95, *www.cooking.com*.

The first runner-up is Rival's Oval Countdown Smart-Pot, which holds 6 quarts and has a unique easy-to-read digital programmer that lets you track cooking time in 30-minute increments. It, too, shifts to the warm setting when the timer runs out; $49.99, Bed, Bath & Beyond. West Bend's 6-Quart Oval Crockery Cooker, a reliable less-expensive alternative, has an easy-to-clean pot and stay-cool side handles; $31.99, *www.amazon.com*.

Lamb Shanks With Sun-Dried Tomatoes and Cannellini Beans

SERVES 6

Prep time: 1 hr

Total time: 7 hrs plus soaking for beans

Kitchen cue: This lamb stew resembles cassoulet, a French dish usually made with duck or goose. Serve with red wine and a salad.

- 4 (¾ lb each) lamb shanks
- 3 tablespoons olive oil

CONTINUED





My pasta sauces have so many uses, they're starting to get an identity crisis.



Paul Newman

Well, no wonder. I mean, how would you feel if you started out in life as a rich, all-natural pasta sauce only to discover later that you were also a natural-born marinara sauce for chicken? Or a sassy Creole gumbo for rice and seafood? In fact, my sauces have so many identities, it's enough to make your head spin. They give almost any meal more personality. Or should I say, multiple personalities?







NEWMAN'S OWN



Paul Newman donates all his profits to charity. Over $250 million donated by Paul Newman to thousands of charities since 1982.



For great recipe ideas, visit
www.newmansown.com

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Lamb Shanks With Sun-Dried Tomatoes and Cannellini Beans

Where to Find It, page 202

- 1 medium onion, chopped
- 4 tablespoons chopped garlic
- ¾ cup dry white wine
- 1 lb dried cannellini beans, soaked in cold water overnight
- 1½ cups low-sodium chicken broth
- 5 oz kale, ribs removed and discarded, leaves coarsely chopped
- ¾ cup drained sun-dried tomatoes packed in oil, chopped
- 2 thyme sprigs
- 1 rosemary sprig, plus additional for garnish
- 2 cups coarse fresh bread crumbs

◆ Trim any excess fat from lamb and remove silver skin with a small sharp knife; rinse and pat dry. Let lamb stand at room temperature 20 minutes. Season with salt and pepper.

◆ Heat 1 tablespoon oil in a large skillet over moderately high heat until hot but

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not smoking; add lamb and cook, turning, until browned on all sides, about 6 minutes. Transfer lamb to a plate. In same skillet, add onion and 3 tablespoons garlic; cook, stirring, 1 minute. Add wine and simmer 2 minutes, scraping up any brown bits from bottom of skillet. Transfer to slow cooker.

◆ Rinse and drain beans in a colander. Pick beans over and add to slow cooker with broth, kale, tomatoes and herbs. Nestle lamb in center; cook on low heat, covered, until lamb is very tender and begins to fall off bones, about 6 hours.

◆ Meanwhile, in clean skillet, heat remaining 2 tablespoons oil over moderate heat. Add remaining 1 tablespoon garlic and cook, stirring, 30 seconds. Add bread crumbs and cook, stirring, until golden brown, about 3 minutes. Transfer bread crumbs to a plate to cool; salt and pepper to taste.

◆ Spoon beans onto serving plates and top with lamb. Sprinkle with bread crumbs and garnish with rosemary sprigs.

Per serving: 585 calories, 15.5 g total fat, 2 g sat fat, 435 mg sodium, 68 g carbs, 177 mg calcium, 75 mg chol, 46 g protein, 11 g fiber

Pork Rib Black Bean Chili

SERVES 8

Prep time: 1 hr 15 min

Total time: 7 hrs 15 min plus soaking for beans

Kitchen cue: Presoaking the beans overnight lets them keep their shape and texture during cooking.

- 1 lb dried black beans, soaked in cold water overnight
- 2 poblano chiles
- 3 slices bacon
- 5 lbs meaty Southern-style pork ribs
- 2 cups chopped white onion
- 1 red bell pepper, chopped
- 2 tablespoons chopped garlic
- 2 tablespoons chili powder
- 2 teaspoons ground cumin
- ½ teaspoon dried oregano, crumbled
- 1 can (28 oz) crushed tomatoes in thick purée
- 1 cup strong brewed coffee
- ½ cup chopped cilantro, plus sprigs for garnish

Lime wedges, for garnish

- 1 sliced avocado, for garnish
- 1 sliced red onion, for garnish

◆ Rinse and drain beans in a colander. Pick over beans and transfer to slow cooker.

◆ Roast chiles over a gas flame or broil, turning with metal

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Pork Rib Black Bean Chili

tongs, until just charred all over, about 3 minutes. Transfer to a bowl and tightly cover with plastic wrap. Let stand at room temperature 15 minutes. Remove plastic wrap and, using paper towels, rub skins off chiles; stem, halve, seed and chop.

◆ Cook bacon in a large skillet over moderate heat, turning, until crisp. Transfer to paper towels to drain, reserving fat in skillet. Crumble bacon and reserve for garnish.

◆ Rinse pork and pat dry; season with salt and pepper. Heat reserved bacon fat in skillet over moderately high heat until hot but not smoking. Add ribs, in batches, and cook, turning, until browned on all sides, about 7 minutes. Transfer to a plate. Add onion, chiles, bell pepper, garlic, chili powder, cumin and oregano; cook over moderate heat, stirring and scraping up any brown bits from bottom of skillet, 2 minutes. Transfer to slow cooker along with tomatoes with purée and the coffee. Nestle ribs in bean mixture and cook, covered, on low heat until ribs are very tender, about 6 hours. Pull meat from bones and discard bones. Stir in cilantro; salt and pepper to taste.

◆ Ladle chili into serving bowls. Garnish with bacon, cilantro sprigs, lime wedges, avocado and red onion.

Per serving: 735 calories, 40 g total fat, 14.5 g sat fat, 346 mg sodium, 48 g carbs, 184 mg calcium, 140 mg chol, 47 g protein, 10 g fiber

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BEAUTY SIGHTINGS PAGE 44: Prescriptives, www.prescriptives.com; Elizabeth Arden, fine department stores.

MAKE ME OVER: FROM HAIR . . . TO *THERE* PAGE 50: Put On Pieces, find locations at www.hairuwear.com.

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FOOD JOURNAL: A QUICK GUIDE TO SLOW COOKING PAGE 194: (Potato Leek Soup) Soup Spoon, Sambonet Gio Ponti Stainless Steel Flatware, www.etabletop.com, Califfo Rim Soup Plate, Armani/Casa: www.armanicasa.com or 212-334-1249. (Lamb shank) Knife and Fork, Sambonet Gio Ponti Stainless Steel Flatware, www.etabletop.com.

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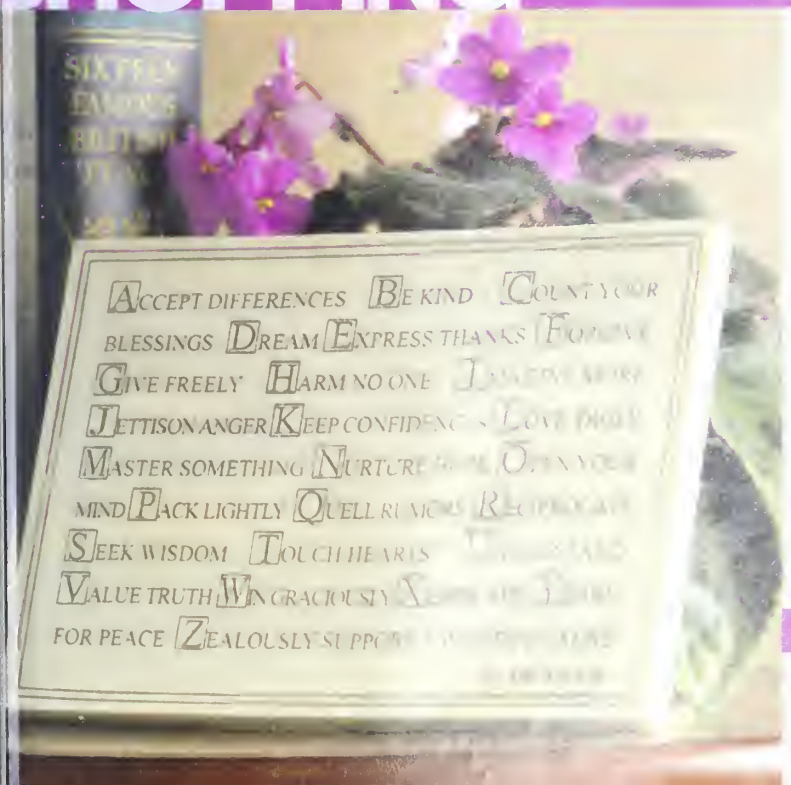
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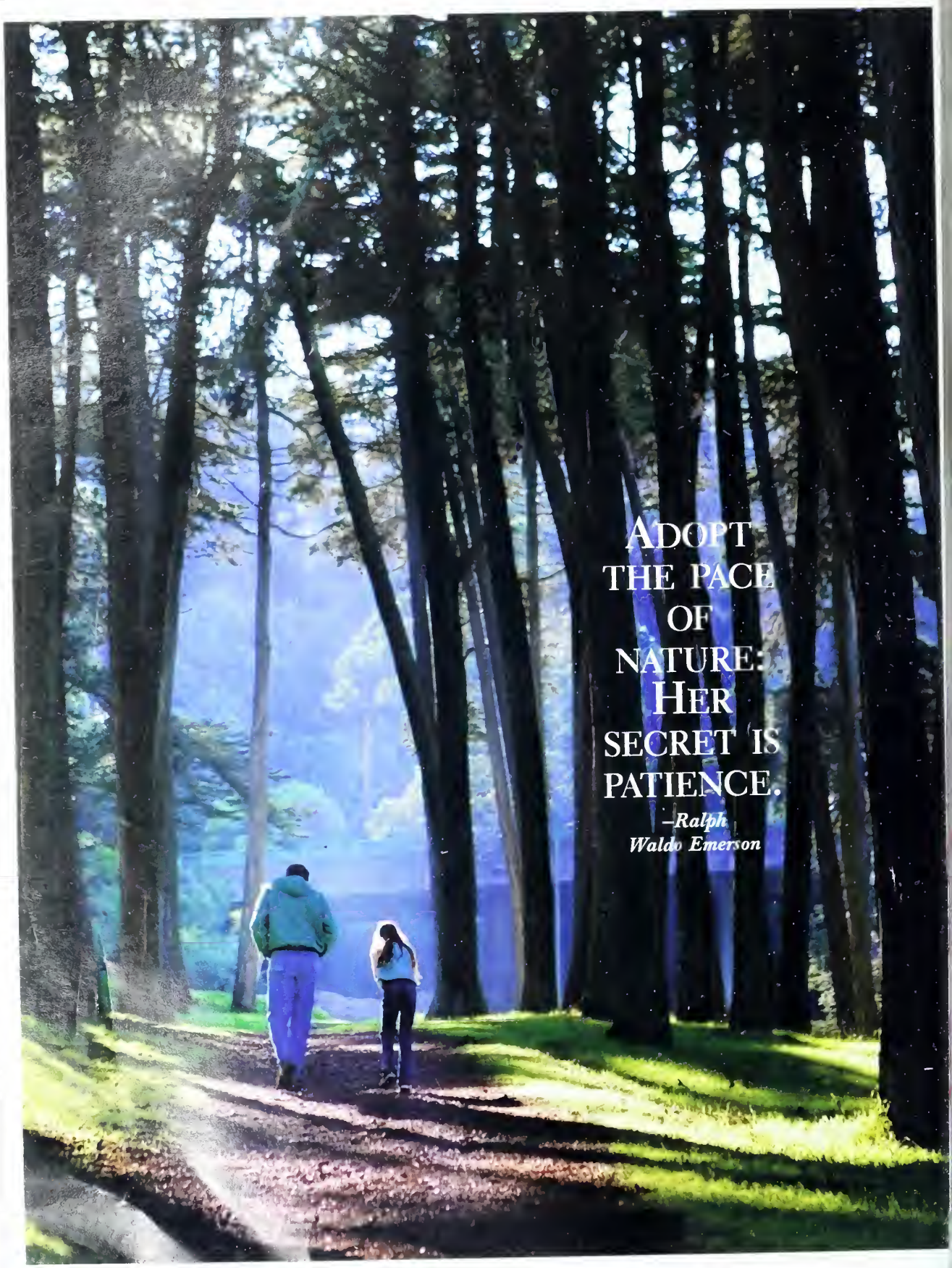
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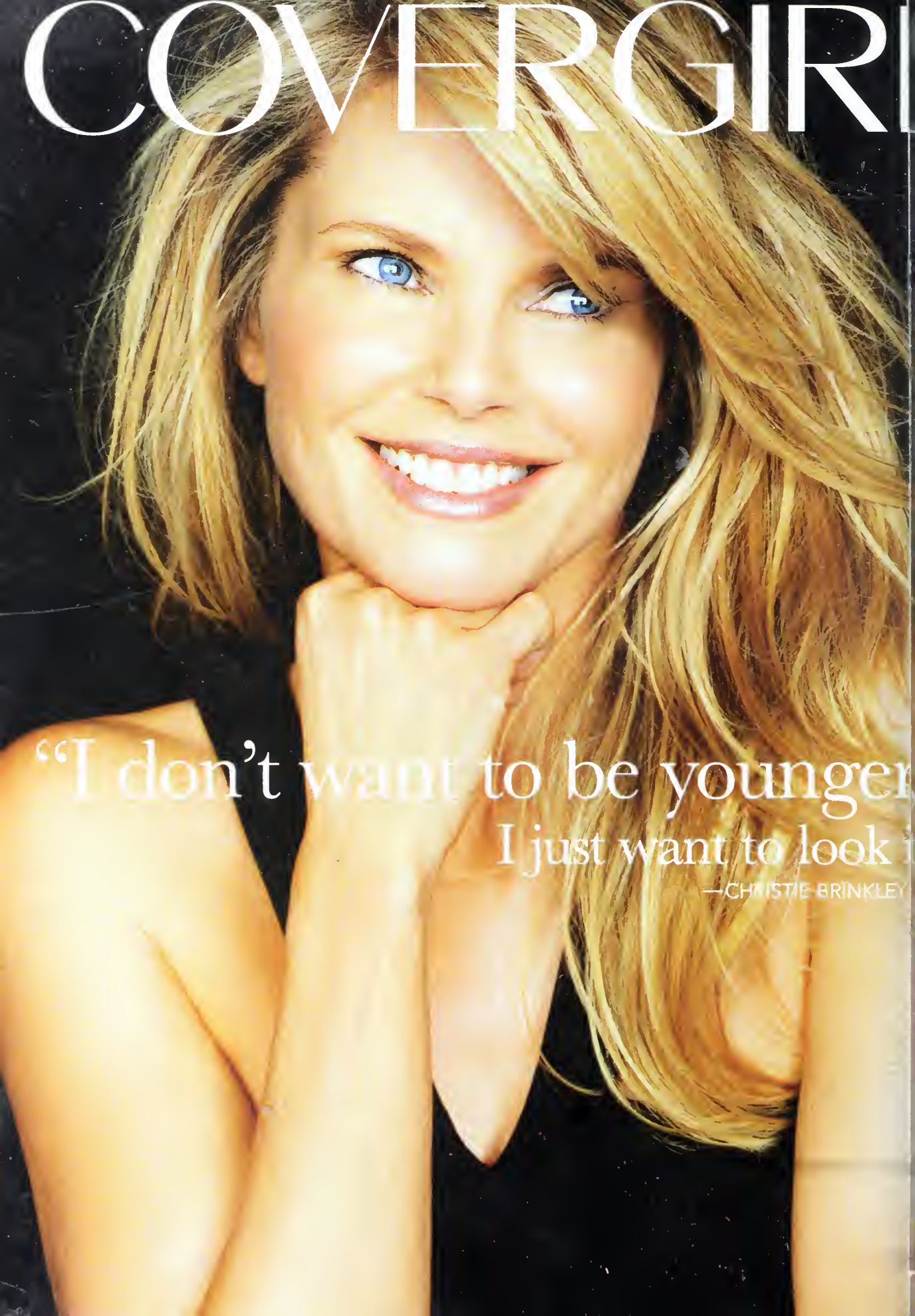
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Venus. Obviously.

Salad.

Guys with
pencil thin moustaches.

Authenticity.

Daisies.

Hearing my husband
laugh in the next room.

As long as he doesn't
watch football.











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On the Cover: Diane Sawyer photographed exclusively for *Ladies' Home Journal* by Nigel Parry. **Hair:** Vincent Roppatte/Director of Elizabeth Arden Salon Saks **Makeup:** Maria Verel. **Stylist:** Linda Medvene for ETS Represents. **On Diane:** Shirt, Dolce & Gabbana. Earrings, Martin Katz Ltd. **Get the look: Face:** L'Oréal Paris Visible Lift Line Minimizing Makeup in Nude Beige, $12.70. L'Oreal Paris Visible Lift Eye Line Minimizing Concealer in Light, $10.25. **Eyes:** L'Oréal Paris Wear Infinite Long-Wearing Silky Powder Shadow in Sandy Shores, $3.95. L'Oréal Paris Featherlash Softly Sweeping Mascara in Black-Brown, $7.85. **Lips:** L'Oreal Paris Colour Riche lipstick in Mauve, $8.50.


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welcome

"I never say, 'you always . . .'" That's what Diane Sawyer told me is key to the success of her marriage. Indeed, she was so thoughtful, unguarded and insightful on so many subjects—from turning 60 to the meaning of faith—that our time together flew by. See my interview with her, starting on page 108.

If marriage was on Sawyer's mind, it has certainly been on ours here at the magazine. That's because our Celebrate Your Love wedding vow renewal event in Jamaica last October was such a success that we are making it an annual event. This year you can join us at Sandals Royal Bahamian Spa Resort and Off-shore Island, in Nassau, on November 2 to 6, 2006. You can expect the same kind of exciting, romantic, high-spirited, prize-packed weekend we had in 2005 (photos, right). Mary and Brent Greenwood of Jefferson, Georgia (**1**), renewed their vows at our group ceremony after 25 years together. Says Mary: "We spent our honeymoon in a cabin with 15 other people—not very romantic. But this trip *was!*" Says Danielle Bradshaw-Lee of Owings Mills, Maryland, married to Franklin Lee six years: "It was a great way to reconnect with each other. I smiled from the time we got to Jamaica to the time we left." Says Tammy Shaw Dixon, wife of four years to Jeff Dixon from Concord, North Carolina (**2**): "We met so many nice people. We want to go back every year!" Kassie DePaiva (**3**), star of *One Life to Live* (who renewed her own vows to husband Jim), was a charming and playful host who always raised the fun factor (**4**). And celebrity wedding planner Preston Bailey made all the tables (**5**) look like something out of a fairy tale.



Star anchor Diane Sawyer at our cover shoot

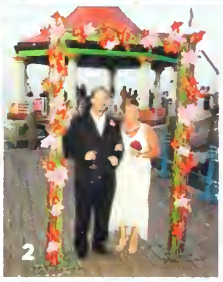
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1



3



2



4



5

Diane Salvatore, Editor-in-Chief
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- cup Ghirardelli Milk Chocolate Baking Chips
- ounces Ghirardelli White Chocolate Baking Bar, chilled

Directions:

1. Preheat oven to 325 F. Arrange rack in center of oven. Butter the bottom and sides of a 9 by 2 inch round cake pan and line the bottom with parchment paper.
2. Melt butter and semi sweet chocolate chips over double boiler until smooth, cool slightly. Meanwhile, with a hand mixer or in the bowl of an electric mixer fitted with the whip attachment, whip eggs and salt on medium speed until doubled in volume, about 5 minutes.
3. Gently fold, in thirds, whipped eggs into melted chocolate. Pour batter into prepared cake pan and place pan in water bath. Bake until the cake pulls away from the sides of the pan and is set in the center, about 40 minutes. Remove pan from water bath to a cooling rack and cool cake completely in pan. Cover with plastic wrap and refrigerate overnight. To remove cake, dip the bottom and halfway up the sides of the pan in warm water and run a thin metal spatula around the inside of the pan. Invert cake onto plate to unmold, remove parchment paper.
4. To prepare ganache: Bring heavy cream to a simmer and pour over milk chocolate chips. Stir gently until melted and slightly. Pour ganache over cake and spread with an offset spatula to cover sides. Refrigerate to become ganache sets, about 30 minutes. Meanwhile, grate white chocolate bar

Duration: 30 minutes preparation, 40 minutes to bake

Temperature: 325 F

GHIRARDELLI CHOCOLATE

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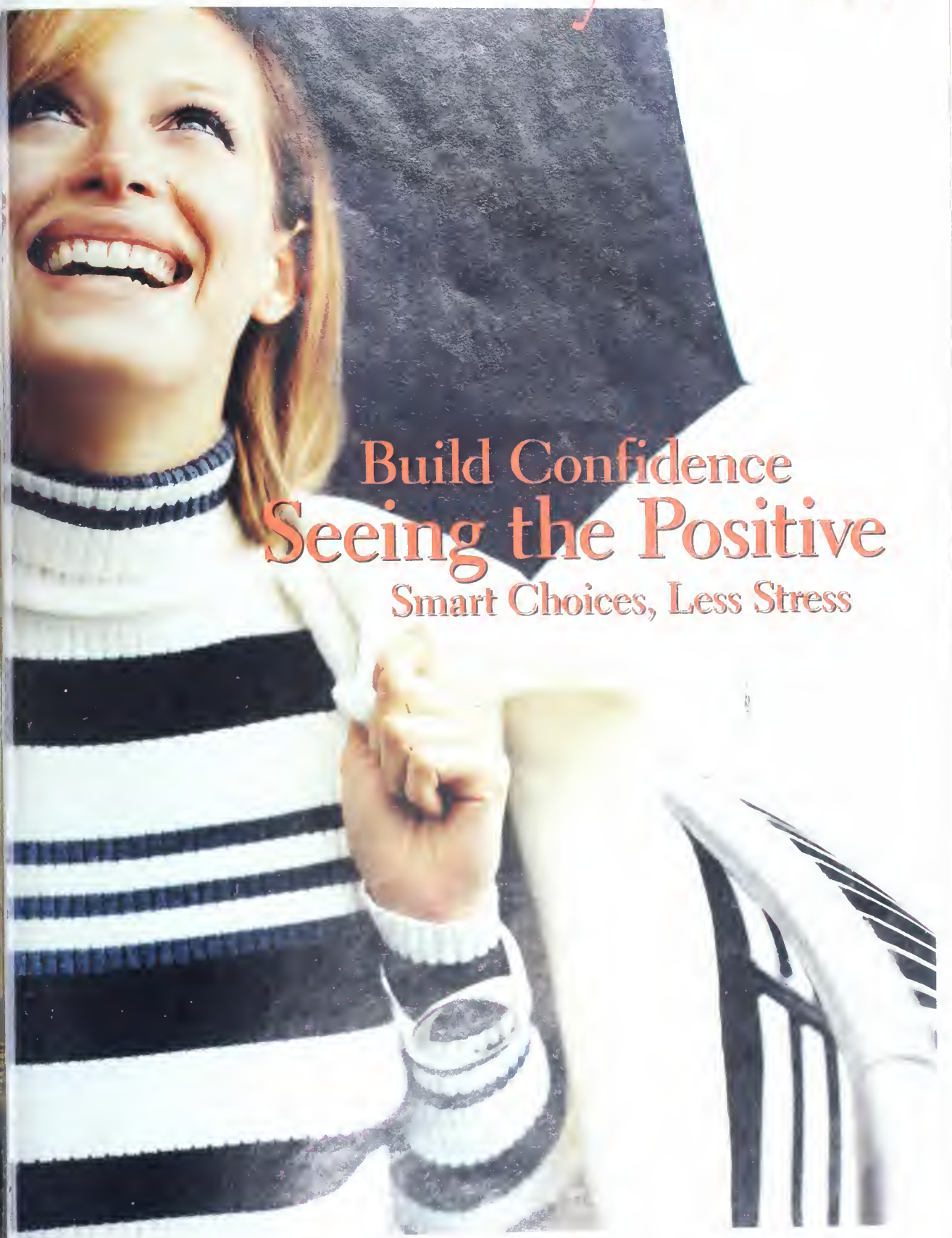
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Build Confidence

Seeing the Positive

Smart Choices, Less Stress

Take a Vacation From Stress



Regularly taking vacations can result in significant mental health benefits—and the more often, the better. Those who vacationed only once in six years were twice as likely to feel depressed and tense as those who managed to get away at least twice a year. Even women who vacationed once a year were nearly 50 percent more likely to experience tension than those who took multiple trips.

"Vacations allow work-related stress levels to drop temporarily," says lead researcher Cathy McCarty, Ph.D., director of the Center for Human Genetics at the Marshfield Clinic, in Wisconsin. And giving your brain that break is important for your well-being. Ongoing stress causes neurochemical changes in the brain, including reduced levels of serotonin, a feel-good chemical.

Dr. McCarty acknowledges that "for some, a long vacation away from work could cause more stress." But even a weekend trip or overnight stay can give you significant benefits. *Bon voyage!* —*Kimberly Papa*

TURNING BAD NEWS INTO GOOD

When your teen was rejected by that elite private college, did you suddenly have the epiphany that your state university might just be a superb institution? In no time you probably felt that everything had worked out for the best. New research suggests that you would have reached that conclusion no matter what school he wound up at because our minds may be preprogrammed to see good in whatever happens.

In a recent Swedish experiment, subjects were asked which of two pictures was more attractive. But when tricked into defending the choice they hadn't made, subjects easily came up with justifications for it. When people are faced with an unwanted outcome, they tend to rethink the negatives until they see them as positives, says Timothy D. Wilson, Ph.D., professor of psychology at the University of Virginia, in Charlottesville. What is the point of this self-deception? To help us build resiliency to everyday disappointments as well as larger traumas. —*Katie Brophy*



40% of women feel happiest in the **family room** (of all the rooms in their homes), according to a recent LHJ.com poll. The bedroom is second at 36%, and the kitchen comes in third, at 17%. The bathroom ranks last, at only 3%.

CONTINUED ON PAGE 22


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Crafts That Cure



Crafting offers people more than just a creative outlet, according to Nancy Monson, author of *Craft to Heal*. Quilting, scrapbooking and cross-stitching are also ways to soothe yourself emotionally. "Crafting allows you to take a step back and focus your attention on something other than your mood," Monson explains. She also found that certain crafts work better to help you cope with particular emotions. Check the chart below for the results of her research so you can fine-tune your feelings fix. *—Kimberly Papa*

MOOD	CRAFTING CURE	WHY
Sadness	Drawing or Painting	Bright colors can have mood-boosting effects, and art can help you release negative feelings.
Anxiety or Stress	Knitting	Repetitive, rhythmic movements promote relaxation, and the meticulousness of counting stitches focuses concentration, thus distracting you from your troubles.
Anger or Frustration	Sculpting	The physically demanding work can help release your feelings of aggression safely.

"SO, TWO BLONDES WALK INTO A BAR . . ."

No matter how many smart, talented blondes there are out there, it seems that dumb-blonde jokes will always be with us. Why are some stereotypes so intractable? Because people tend to retain their preconceptions even when the facts don't support their ideas.

People often believe and remember behaviors that are consistent with their preconceptions and may dismiss what they see if it contradicts their expectations, explains Madeline E. Heilman, Ph.D., professor of psychology at New York University, in New York City. "That's how powerful stereotypes take on a life of their own."

So if someone assumes a fair-haired woman can't hold her own intellectually, he will cling to this belief—even when the blonde is a real-life rocket scientist. Though overcompensating may help blondes (and other victims of stereotypes) show people the error of their prejudices, the onus is on everyone to keep an open mind.

—Stephanie Emma Pfeffer

Why Shopping Feels So Good

Admit it: When you need an emotional pick-me-up, you often go shopping. But why can admiring a leather bag in a boutique or poring over titles at a bookstore bring on such a glow? The feel-good secret is likely dopamine, a chemical released in the brain when you encounter something new or exciting—such as the "bombardment with novelty and the state of anticipation" you can experience shopping, says Gregory Berns, Ph.D., M.D., a neuroscientist at Emory University, in Atlanta, and author of *Satisfaction: The Science of Finding True Fulfillment*.

The good news for your wallet is that the dopamine rush results from the *anticipation* of getting something new, not from the actual purchase. But whether you browse or buy, the effects wear off quickly, Dr. Berns cautions. He recommends exercise as another way to raise dopamine levels, "especially if you do it in a novel way. If you run, take a new route. Or try a new sport." Or combine your pleasures and take a brisk power walk around the mall. *—Melissa Kirsch*

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It's just the most obvious to yo

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You could have manic symptoms of bipolar disorder. They include spending out of control, having racing thoughts, flying off the handle at little things, needing less sleep, and feeling irritable.

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Answer these questions and talk to your doctor.

Answer the questions below* and, *regardless of your answers*, share them with your doctor.
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Only a health care professional can evaluate, diagnose, and prescribe treatment.
Remember, people with bipolar disorder can live full lives with appropriate treatment. You can, too.

Is there ever been a period of time when you were not your usual self and...

	YES	NO
ou felt so good or so hyper that other people ught you were not your normal self, or you re so hyper that you got into trouble?	☐	☐
ou were so irritable that you shouted at ople or started fights or arguments?	☐	☐
ou felt much more self-confident than usual?	☐	☐
ou got much less sleep than usual and found i didn't really miss it?	☐	☐
ou were much more talkative or spoke much ter than usual?	☐	☐
houghts raced through your head or you uldn't slow your mind down?	☐	☐
ou were so easily distracted by things around i that you had trouble concentrating or staying track?	☐	☐
ou had much more energy than usual?	☐	☐
ou were much more active or did many more ngs than usual?	☐	☐

	YES	NO
. you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
. .you were much more interested in sex than usual?	☐	☐
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
spending money got you or your family into trouble?	☐	☐

2. If you checked "YES" to more than one of the above, have several of these ever happened during the same period of time?

☐ YES ☐ NO

3. How much of a problem were any of these for you — were you unable to work; did you have family, money, or legal troubles; did you get into arguments or fights? Please select one response only.

☐ No problem ☐ Minor problem
☐ Moderate problem ☐ Serious problem

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The Deciding Factor

Is a spiral of what-ifs wearing you down? Experts say decision overload is an epidemic. Here's how to stop driving yourself crazy

It's the plastic storage bags that sink me. I mean, I know which bread I like and I'm loyal to my brands of pasta, sauce and cookies. The cat eats only one flavor of Friskies, so that's easy. But sandwich bags are thorny: Yes, the store brand is cheaper, but is the plastic too flimsy? Brand B (quite sturdy, I know) promises an extra 50 bags for the buck, but the box won't fit in my kitchen drawer. Brand C looks good, but check out that price per hundred.

Perhaps, like me, you can—and do—go on like this for minutes at a time. And not just about minor decisions, but about all manner of judgment calls, small and large: whether to have friends over; where to go on vacation; which car to buy (or should you lease?); whether to look for a new job, change careers or stop working altogether. So you ponder, you research, you flood your brain with information, endlessly weighing the pros against the cons. And still, you're just so . . . *indecisive*.

But before pinning that label on yourself, consider that researchers who study the way we make decisions (there's actually a field called decision science) have uncovered a fundamental paradox of modern life: Although we have more choices than ever, as well as more information to help us decide, the process isn't getting any easier. On the contrary, having to choose so often among so many good options is stressing us out.

By Susan Korones Gifford

"There's just too much data to process," says Michael McKee, Ph.D., vice chairman emeritus of psychiatry and psychology at the Cleveland Clinic, in Ohio. "You can't keep track of it all. That's stressful."

It's also rampant. "When I give talks, I lay out the areas of life in which we have decisions to make," says Barry Schwartz, Ph.D., author of *The Paradox of Choice: Why More Is Less*. "Then I tick off everything where there used to be no choice and now there are many—from romantic relationships and spiritual beliefs to small and large purchases. Nearly everyone I CONTINUED



speak to has a problem with choosing *something*."

It was easier a generation ago. Take the familiar Oreo cookie. In 1970, your mother could purchase one kind of Oreo, the same one that had been around since 1912. But in the mid-1970s the Double Stuf Oreo was introduced, and the genie was out of the bottle. By 1991 (the year the Mini was introduced), six Oreo products were on the market; by 2001 there were 15; and in 2006 there are 35—count 'em—varieties of Oreos on my grocer's shelf, including a version for spring that features purple filling. *Jeez*, now I know why I come home from the supermarket exhausted.

There's a lot to be said for having choices, of course—especially for women. "I would never want to go back to the 1950s, when the career choices for women were so narrow as to be almost nonexistent," says Sonja Lyubomirsky, Ph.D., professor of psychology at the University of California, Riverside. "Indeed, people who live in countries characterized by freedom, democracy and equal rights are happier than those who don't."

Dr. Schwartz agrees, maintaining that added choice has afforded us the ability to determine who and what we want to be—essential, he says, "to well-being, both moral and physical." The mistake is believing that if some choice is good, more choice is even better. "That was a reasonable assumption when you were moving from no choice to some choice," says Dr. Schwartz, "but we know now that a point is reached where the correlation between choice and happiness starts to reverse itself."

> ENDLESSLY SEARCHING FOR THE "PERFECT" CHOICE THAT NEVER MATERIALIZES CAN KEEP YOU STUCK IN THE STATUS QUO

In other words, an overabundance of choice has created some negative side effects. For starters, it has turned many of us into "maximizers," decision-science jargon for people convinced that there's a perfect choice out there among all the options available. Maximizers expend vast amounts of time and energy researching a decision and are usually inordinately disappointed when, inevitably, the final choice fails to be "perfect" after all. Research has shown that maximizers are less happy than their opposites, whom Dr. Schwartz calls "satisficers"—people who weigh a limited number of options and are content with a "good enough" decision.

But even if you're not a maximizer, the abundance of choices can raise your blood pressure by gobbling up that most precious of commodities, time. While it makes sense to deliberate at length over a life-altering decision, too often minor matters tie us up for hours. "People think the Internet has solved the time problem because you don't leave your house," says Dr. Schwartz. "But say you sit down at your computer to buy a toaster. Before you know it, you've blown three hours looking at dozens of Web sites for a single toaster."

Worse is the anxiety that decision making whips up. "People agonize about the consequences of their decisions," explains Lynne Tan, M.D., a psychiatrist at Montefiore Medical Center, in New York City. "There's always the fear of getting it wrong." If you experience even minor decisions as difficult, anxiety may be an ever-present companion.

But why does *more* choice make the act of deciding more stressful? After all, if you're a person who likes mint, having mint Oreos as an option should make your choice a no-brainer.

Yes and no, says Dr. Schwartz. If you've always dreamed that Nabisco would someday market a mint-flavored Oreo, you're in luck. But most of the time we don't know exactly what we want or can't predict exactly what will be best for us, particularly when it comes to a product (a digital camera, say) or a situation (moving to a new city, for instance) with a multitude of variables. Choices usually involve trade-offs: Your current job, A, boasts good benefits, hilarious co-workers and a midday yoga class; the switch you're considering, to job B, would boost your salary and trim your commute but the benefits package is less attractive and the corporate types seem humorless.

Because neither option is all good nor all bad, you imagine a tantalizing third scenario: If you keep looking, keep researching, you'll achieve decision nirvana by finding job C, your not-too-hot, not-too-cold, just-right job. The reality, of course, is that no job (or TV or camera or house) is just right in every respect. But as you continue to CONTINUED

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look and reject any number of perfectly decent choices, something interesting happens: Because each choice you pass up has some terrific attributes, you feel a tiny sense of loss when you kiss it good-bye. Is it any wonder, then, that you are less satisfied with your ultimate choice than would seem appropriate after all the time and money you invested?

Another regrettable result of endlessly searching for the "perfect" choice that never materializes is that you end up not choosing at all and instead stay stuck in the status quo for months, even years, on end. Other people "decide not to decide," responding to the surfeit of choices by opting out altogether. Both of these approaches have significant drawbacks, says Theresa Fassihi, Ph.D., a psychologist at the Menninger Clinic, in Houston. "There's always a risk, when you must choose among options, that you won't make the best choice," she acknowledges. "But in not making *any* choice you may also be passing up the best choice."

Clearly, there's no turning back from the choice culture we live in. Nor would we want to. Rather, we must arm ourselves with some tactics that can prevent us from wasting time and wilting under the pressures of having to decide.

Instead of seeing decision making as a problem, try to view it as an opportunity to grow

Start by dumping the "indecisive" label, advises Dr. Tan. "Making decisions is important to our growth," she says, "but you can't get that unless you stop telling yourself, 'Oh, I'm so indecisive.' Instead of seeing decision making as a problem, try to view it as an opportunity to grow." Practice making small decisions, then gradually make larger ones, she suggests. Even if you get no further than managing not to sweat the small stuff, you'll have significantly reduced your stress levels—because what is daily life but a series of small choices?

Also, learn to delegate. A travel-agent friend, for example, finds department stores overwhelming, so she hires a personal shopper. "I pay full retail," she concedes, "but I keep everything for five years." (Hers is a smart move only if you don't embark on a frenzy to find the absolute best personal shopper for you.)

If you'd rather handle the job yourself, strive to become a satisficer, someone for whom "good enough is good enough," says Dr. Schwartz. "You can't know what the best choice is in every situation," he adds, "so quit looking for it."

Next fix your priorities before you start researching. Otherwise, some feature you never even knew about may suddenly become essential, further complicating your decision. For example, I'm in the market for a new car. My top priorities are great mileage and a trunk large enough to hold my weekly supermarket haul. Now I've discovered that many new models offer MP3 player compatibility, and I feel the need to educate myself about that. According to Dr. Schwartz, I should stick to my original plan and evaluate cars strictly on the basis of my primary needs. (I'll try, I promise.)

Setting limits also helps, says Dr. Lyubomirsky. "Allow yourself to try on three pairs of jeans, and only three," she suggests, "or give yourself no more than four hours, whether in stores or on the Web, to make a major purchase." She also recommends curbing the tendency to "dwell repetitively and unproductively about choices, going over and over the decisions in your mind."

Finally, simplify decision making by establishing traditions and habits. Make Monday pasta night. Wear a skirt every Thursday. Watch a vintage comedy every Sunday—it's easier than trying to figure out which of two DVDs will satisfy everyone (the answer is neither, anyway). Cutting down on the decisions you have to make—even at the risk of being a bit boring—will make you that much calmer. "When I've made a decision and forced myself to move on, it's like a weight off my shoulders," says my travel-agent pal.

"Becoming more decisive gives you a sense of control and competence," agrees Dr. Fassihi, "and in the long term, that leads to more confidence and higher self-esteem." Surely that beats standing in the supermarket fretting over which plastic bags to buy.

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Nexium®
(esomeprazole magnesium)

AstraZeneca

Information needed to prescribe a drug. This advertisement does not take the place of careful discussions with yo
your doctor has the training to weigh the risks and benefits of a prescription drug for you.

NEXIUM® (esomeprazole magnesium)
20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** N
for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esop
nance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months), and
heartburn and other symptoms associated with GERD, and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDI**
is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **W**
Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has bee
in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Informati**
NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have
capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be ope
carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The appl
not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet
should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extens
the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6,
3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studi
esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin, or amoxicil
reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therap
and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin
need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the
metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decre
diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, th
diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of
diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concom
of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinicall
in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore,
interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole
digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole w
omeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140
0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a d
in both male and female rats, the incidence of this effect was markedly higher in female rats, which had higher blood levels of
carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In o
female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 yea
an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL c
observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats
(46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No simi
in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving
difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but
conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration te
mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration tes
positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aber
in vivo mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed
studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) wa
effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects. Pregnancy Category B* Teratology
performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits
86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility
due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduct
always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conduct
in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses
(about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of ome
omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) pro
increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postn
toxicity were observed in offspring resulting from patients treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 time
on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have
congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothe**
esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman to
ingestion of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse re
infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a
made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Ped**
and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received
trials, 1459 were 65 to 74 years of age and 354 patients were ≥75 years of age. No overall differences in safety and efficacy were
the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the e
patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM wa
15,000 patients (aged 18-84 years) in clinical trials worldwide including over 8,500 patients in the United States and over 6,500 pat
Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in bo
term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative c
included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. T
occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no differenc
groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXI
Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed belo
Body as a Whole: abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, per
flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors. ***Cardiovascular:*** flushing, hyperte
Endocrine: goiter. ***Gastrointestinal:*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastr
esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth
disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting. ***Hearing:***
Hematologic: anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopen
binemia, hepatic function abnormal, SGOT increased, SGPT increased. ***Metabolic/Nutritional:*** glycosuria, hyperuricemia, hypon
alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease. ***Musculoskeletal:*** arthralgia, arthritis aggra
cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica. ***Nervous System/Psychiatric:*** anorexia, apathy, appetite inc
depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated,
disorder, somnolence, tremor, vertigo, visual field defect. ***Reproductive:*** dysmenorrhea, menstrual disorder, vaginitis. ***Respirato***
vated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis. ***Skin and Appendages:*** acne, angioedema, dermatitis, pru
rash, rash erythematous, rash maculopapular, skin inflammation, sweating, increased, urticaria. ***Special Senses:*** otitis media, pa
taste perversion. ***Urogenital:*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency,
moniliasis, polyuria. ***Visual:*** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events in
esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or
esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of syn
sophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM wer
headache (3.8%) and abdominal pain (3.8%). Postmarketing Reports – There have been spontaneous reports of adverse events
use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactio
epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Rarely, hepati
jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the o
insert. **ADVERSE REACTIONS** section. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times th
body surface area basis), was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory
ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have
overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). M
variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth,
reactions similar to those seen in normal clinical experience (see omeprazole package insert-**ADVERSE REACTIONS**). No sp
esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the ev
treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug in
considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be co
numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book. **DOSAGE AND ADMINISTRATIO**
Prescribing Information for recommended adult dosages and dosage adjustments for **Special Populations** for NEXIUM.

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AstraZene



Beneath the pain of heartburn, acid could be burning the lining of your esophagus.

If you suffer from acid reflux disease—if you have persistent heartburn 2 or more days a week even with treatment and diet change—all that churning acid could, over time, be doing real harm to your esophagus. And left untreated, the damage could get worse.

Acid reflux disease can damage your esophagus.

Unlike your stomach, your esophagus offers little protection against acid. And when acid rises into the esophagus it can eventually wear away the lining. This condition is called erosive esophagitis, and it can become more severe as you get older. In fact, as you age, while your heartburn may feel less painful, the damage to your esophagus may be getting more serious.* Only a doctor can determine if you have this condition. But if you do, it's good to know NEXIUM (esomeprazole magnesium) can help.

FOR A FREE TRIAL OFFER, VISIT
PURPLEPILL.COM TODAY OR
CALL 1-877-5-NEXIUM.

If you're without prescription coverage and can't afford your medications, AstraZeneca may be able to help.

*Source: Johnson DA, Fennerty MB. *Gastroenterology*. 2004;126:660-664.

NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just one prescription NEXIUM pill a day can mean complete, 24-hour heartburn relief. And NEXIUM can heal even the most severe erosions in the esophagus caused by acid reflux.

Talk with your doctor about NEXIUM.

NEXIUM goes deeper than heartburn relief—it heals acid-related erosions, allowing the lining of your esophagus to regenerate. Most erosions heal in 4 to 8 weeks. Your results may vary. NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Next time, ask your doctor if NEXIUM is right for you. Because healing is such a great feeling.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

Nexium®
(esomeprazole magnesium)

AstraZeneca



Whew!



Brrrrrr.

Ooooh!

And now in Aaaaah!





Look Years Younger

Lipsticks You'll Love

Sensational Spring Shoes





BEAUTY BREAKTHROUGH

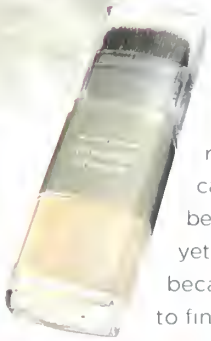
Quick and Perfect Nails

What if you could have a smudge-free manicure in just minutes? Now you can, thanks to Avon's new Instant Manicure, $8, a set of 16 super-thin, chip-resistant strips of pre-melted and pre-dried nail polish and top coat. Here's how it works: Place a strip against your cuticle, press and smooth it over your entire nail, eliminating any ridges by simply lifting up the strip and resmoothing. Finish by bending the strip over the end of the nail and peeling off the excess. Done—a perfect manicure that lasts for up to 14 days!

A Healthier Foundation

Mineral foundations, which are made almost entirely from crushed minerals—yes, rocks—are nearly perfect beauty products. They're nonirritating, have a built-in sunscreen, are water-resistant and never look cakey. Despite these benefits, many of us have yet to try one, mostly because they've been hard to find. But that's all about to change, as major beauty companies have introduced new versions, some of which have portable brush or sponge applicators for flawless on-the-go coverage. Try

- Neutrogena Mineral Sheers Foundation (pictured, left), $12.25, delivers lightweight coverage right on the brush.
- Physicians Formula Mineral Wear Talc-Free Mineral Loose Powder, $9.95, includes a handy brush for easy application.



Where to Find It, page 178

WIN IT! Be one of 100 lucky readers to win a 35th anniversary limited-edition tube of Maybelline New York's Great Lash Mascara ($6.16). No purchase necessary. Void where prohibited. See page 178 for official rules and entry details.

PATRICIA'S PICK

A Miracle Moisturizer



Beauty Director Patricia Reynoso

I believe that the star of any facial skin-care regimen ought to be a moisturizer that also protects from the sun. My new favorite: Healing Garden Skin Organics reNourish Moisture Lotion SPF 15 ($13.95), part of the new seven-item collection of skin-care products made with mostly organic ingredients. This silky moisturizer contains wheat peptides (for firming) and green tea (an antioxidant), and it has been awarded a seal of recommendation from the Skin Cancer Foundation. So slather it on! I certainly will.



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radiant skin,
naturally
ALMAY
toner
2
for dry skin
with cucumber
ALMAY
daily moisturizer
3
for dry skin
with cucumber
SPF 15
NEW
Almay 3-Step
Skincare
almay.com
ALMAY
BEAUTY 1-2-3
normal skin



3 WAYS TO LOVE YOUR LIPS

Lipstick just keeps getting better. Try this season's best new formulas

Lipstick is usually the very first makeup item you try as a little girl, and it remains a grown-up beauty staple. In fact, nearly 65 percent of women use it daily and 25 percent won't even leave the house without it. And no surprise! With minimal effort, lipstick delivers gorgeous color that instantly sharpens your features and pulls your look together. So take your pick from spring's latest formulas, which offer yummy new finishes as well as protective and hydrating ingredients.



The Sheers: These glossies allow your natural lip color to shine through while delivering a soothing lightweight lip-balm feel. Some even offer sun protection.

Try: Almay Ideal Lipstick SPF 17, $7, conditions with vitamin E and has a peppermint scent. We also love its high sun protection factor of 17, which is ideal for your lips' thin skin.

American Beauty Perfectly Lush Moisturizing Lip Tint SPF 15, $13.50, moisturizes with grape-seed oil and shea butter.

Wet 'n Wild WildShine Lipstick (#1, above, in shade 325A) $.99, conditions lips with aloe vera. Vitamins A and E bestow a nonsticky sheen.

The Creams: The newest formulas offer both the coverage and longevity of a traditional cream lipstick but won't leave your lips parched.

Try: L'Oréal Paris H.I.P. Intensely Moisturizing Lipcolor (#2, below, in Fierce), $10, pairs intense color with moisturizing jojoba oil.

Lumene Bright Smile Lipstick, $8.99, hydrates lips with raspberry oil. The shades' blue undertones, meanwhile, will make your teeth look whiter.

Merle Norman Luxiva Age Defying Lipcolor, $15, moisturizes and plumps lips with ceramides (hydrating ingredients found naturally in skin) and soybean extract.

The Shimmers: These sparkle-laden formulas give the illusion of poutier lips without the sting of a lip plumper!

Try: Estée Lauder Pure Color Crystal Lipstick, $22, comes in an array of six dazzling shades.

Shiseido the Makeup Shimmering Lipstick (#3, left, in shade SL6), $22, uses a highly reflective oil that gives lips a high shine but with the staying power of a lipstick.

Dior Addict Pearl Shine Lipstick, $23.50, adds a luminous luster to your lips.

Where to Find It, page 178



Suzi

Suzi Weiss-Fischmann

The first lady of nails

Suzi Weiss-Fischmann
OPI Products Inc



A burst of color – just when you need it!

MEXICO
Collection by OPI

It's a fun way to shake off the end-of winter doldrums with bright, beautiful color. Bring it indoors with you, enjoy it outdoors as spring blooms break through, and, best of all, [illegible] with new shades for nails and toes! The **Mexico Collection by OPI** features [illegible] Nail Lacquers with three [illegible] and Lip Liners in [illegible] of the season – from [illegible] to [illegible] and warm [illegible] and tones.



Show your señorita style!

This season, it's all about color – so why not give in to the urge to "splurge" and show off a bit of nail art? Let these looks inspire you, or choose your favorite shades from the **Mexico Collection by OPI** and complement them with other OPI Nail Lacquer colors in any [illegible] you like! Do one nail [illegible] an – don't [illegible] señorita sexy? And [illegible] tip: use a fine tipped [illegible] get the most [illegible]

Every girl needs a diaret

[illegible] nt soft, silky, sensational skin [illegible] s spring? Do the double – **[illegible] ojuice Hydrating Body [illegible] lash** layered over **Avojuice [illegible] in Quenchers** lotion in [illegible] coordinating fragrance. [illegible] lotion is packed [illegible] h natural moisturizers [illegible] ile the spray-on splash [illegible] ers hydrating fruit [illegible] iences and conditioning [illegible] redients. Pick your [illegible] orite duo – both products [illegible] available in **Cran & [illegible] rry, Coconut Melon, [illegible] apefruit** and **Peach.**



SoftShades

Princess Charming

Princess Charming SoftShades



Suzi's

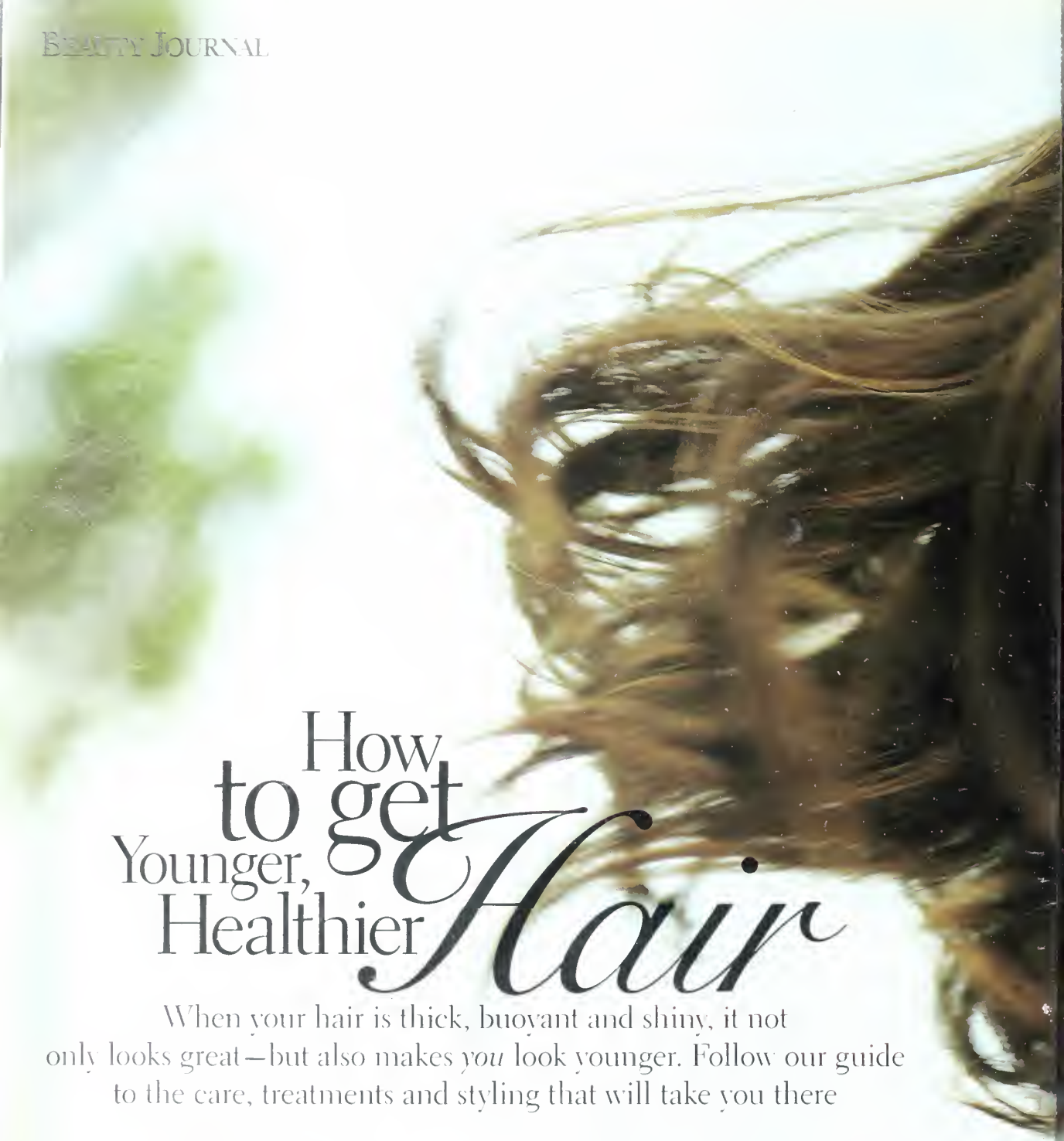
SPRING FLINGS

A bunch of [illegible]; taking the dog on a [illegible]; cheering on her kids at [illegible]; the days getting longer; a [illegible]



For more information [illegible]

[illegible] Scents & [illegible]
[illegible] 9999 or visit www.[illegible] [illegible] Pro [illegible]

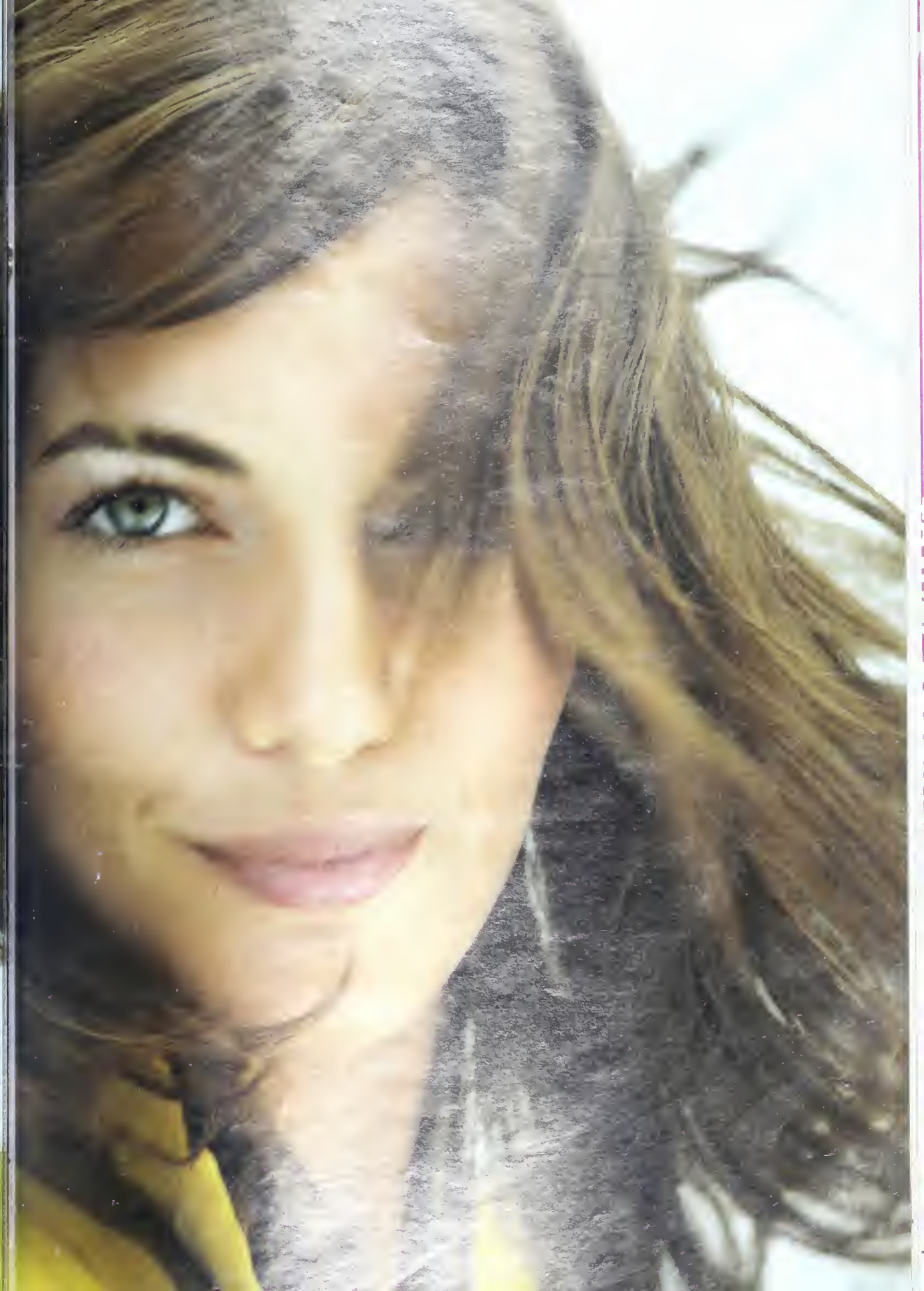


How to get Younger, Healthier *Hair*

When your hair is thick, buoyant and shiny, it not only looks great—but also makes *you* look younger. Follow our guide to the care, treatments and styling that will take you there

Even if your hair was never a contender for that shampoo commercial—and really, whose hair?—you've probably noticed that over the years, it hasn't been what it used to be. It's either gotten rougher to the touch or the color isn't the same as it once was. It might not grow as well as it should, or worse, it might even be thinning or falling out. Any of this would be enough to send you screaming into the night! By keeping your hair in this less-than-ideal state, you could be heaping on years to your appearance. Consider how many of Hollywood's beauties—Demi Moore, Sarah Jessica Parker and Julianne Moore spring to mind—look significantly younger than their age because of their gorgeous hair. Of course, they might owe that to fantastic genes and a few Hollywood hair tricks, but more likely than not they also rely on good home care and turn-back-time hairstyles—and so can you. Read on to learn how to reclaim younger, healthier hair.

PHOTOGRAPHED BY FERNANDO MILANI PRODUCED BY CARLA ENGLER TEXT BY PATRICIA REYNOSO





Short and Sexy

With it wooks! Over time, our features (such as our eyes, cheeks and lips) drop a bit, and wearing your hair long with chunky layers can counteract the lifting effect. "Short hair is great to [illegible] face [illegible] product and [illegible] hair. Dry [illegible] or, if you [illegible] time, allow it [illegible] dry. For an even more dramatic, defined look with less frizz, [illegible] key pieces with a [illegible] iron.



A Prettier Ponytail

WHY IT WORKS: You already knew that a ponytail was convenient, but are you aware that pairing it with bangs transforms this classic casual into a modern and youthful 'do? "Bangs snap off five years, especially when they're worn to the side," says Steven Dillon, a stylist with the Pierre Michel Salon, in New York City. Don't have bangs? You can still enjoy this look by keeping the ponytail really low.

HOW TO GET IT: Comb your hair back with a flat paddle brush (because its teeth are spaced far apart, it delivers a more natural result) and pull your bangs or shorter pieces around your hairline. Secure the ponytail with a soft rubber band. Try fastening your own around the band (as in this picture) for even more sophisticated effect. Top off the look with



Long, Layered, Lovely

WHY IT WORKS:
Long hair is the hairstyle most synonymous with youth but in reality it's tricky to pull off—at any age. And once you're older it becomes even harder, particularly if your hair is several inches past your shoulders or all one length—both can drag your face down. Adding a few long layers, however, gives the hair extra bounce, volume and texture, and makes it look sexier in the process.

HOW TO GET IT:
This look calls for loads of shine and a bit of texture. First, comb a leave-in conditioner into your wet hair, which will add moisture while helping with styling. Then blow-dry with a big, round brush until it's fairly straight. Finish with a dab of styling cream, paying extra attention to any scraggly ends.





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high blood pressure matters more than you know.

It's always with you, even on those days you seem to feel okay. And high blood pressure can make your heart work harder than it should. That's why it's such a big deal—just ask your doctor.

You need to exercise, eat healthy, and take your TOPROL-XL—not just most days, but every day.

As long as you keep taking it, TOPROL-XL works to help you manage your blood pressure—throughout the day. And yes, that means every day.

Important information you should know about TOPROL-XL (by prescription only)

TOPROL-XL is used to treat high blood pressure. It's good to know the medicine you're taking, so talk to your doctor about high blood pressure and TOPROL-XL.

TOPROL-XL is not right for everyone, especially people who have the following health conditions.

- Extreme slowing of the heart rate (severe bradycardia)
- Sudden and severe drop in the blood pressure and blood flow through the body because the heart is not pumping normally (cardiogenic shock)
- Uncontrolled heart failure
- Slowdown of the heart's electrical signal causing a slower heart rate (specifically, second- or third-degree heart block)
- Damage to the heart's natural pacemaker that affects the heart's rhythm (unless a pacemaker device is in the body) (sick sinus syndrome)
- Any allergies to TOPROL-XL or its ingredients

It is important to take your medications every day as directed by your doctor.

Patients should not stop taking TOPROL-XL suddenly because of the possibility of serious side effects, such as chest pain or a heart attack. If your doctor decides you should stop taking TOPROL-XL, your doctor or health care provider may instruct you to slowly reduce your dose over a period of time before stopping it completely.

In some patients, TOPROL-XL should be used with caution: Those with asthma or asthma-like lung disease; taking certain calcium channel blockers; have diabetes; overactive thyroid disease; hardening or constriction of the arteries in the arms or legs; or those planning to have surgery.

Until you know how you will react to TOPROL-XL, avoid activities that require alertness.

The most common side effects reported by patients in clinical trials were tiredness, dizziness, depression, diarrhea, itching or rash, shortness of breath, and slow heart rate. If you experience any of these or other side effects, contact your doctor.

Need answers? Contact AstraZeneca

Visit TOPROL-XL.com/ad or call 877-564-6442

- **Find more information on TOPROL-XL**
- **Join Heart Horizons, a free support program with helpful tips, special offers, and information for people who take TOPROL-XL**
- **Learn how we may be able to help if you do not have prescription coverage and cannot afford your medicines**

Please see adjacent page for a brief summary of full Prescribing Information.

TAKE IT. SERIOUSLY.



TOPROL-XL
(metoprolol succinate)
extended-release tablets

AstraZeneca

Please read this summary carefully and then ask your doctor about TOPROL-XL. Do not stop treatment without first talking with your doctor. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of caretul discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

ONCE-A-DAY

TOPROL-XL®

(metoprolol succinate) extended-release tablets

25 mg
50 mg
100 mg
200 mg

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

Hypertension: TOPROL-XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents. **Angina Pectaris:** TOPROL-XL is indicated in the long-term treatment of angina pectoris. **Heart Failure:** TOPROL-XL is indicated for the treatment of stable symptomatic NYHA Class II heart failure of ischemic, hypertensive or cardiomyopathic origin. As studied in patients already receiving ACE inhibitors, diuretics and in the majority digitalis. In this population, TOPROL-XL decreased the rate of mortality plus hospitalization largely through a reduction in cardiovascular mortality and hospitalization for heart failure.

CONTRAINDICATIONS

TOPROL-XL is contraindicated in severe bradycardia, heart block greater than first degree cardiogenic shock decompensated cardiac failure, sick sinus syndrome unless a permanent pacemaker is in place, see WARNINGS, and in patients who are hypersensitive to any component of this product.

WARNINGS

Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbation of angina pectoris and in some cases myocardial infarction have occurred. When discontinuing chronically administered TOPROL-XL, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1–2 weeks and the patient should be carefully observed. If angina markedly worsens or acute coronary insufficiency develops, TOPROL-XL administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuance of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue TOPROL-XL therapy abruptly even in patients treated only for hypertension.

Bronchospastic Diseases: PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA-BLOCKERS. Because of its relative beta1-selectivity however, TOPROL-XL may be used with caution in patients with bronchospastic disease who do not respond adequately to, or cannot tolerate other antihypertensive treatment. Since beta1-selectivity is not absolute, a beta2-stimulating agent should be administered concomitantly, and the lowest possible dose of TOPROL-XL should be used (see DOSAGE AND ADMINISTRATION). ***Major Surgery:*** The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial. The impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. TOPROL-XL like other beta-blockers is a competitive inhibitor of beta receptor agonists, and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol. However such patients may be subject to prolonged severe hypotension. Difficulty in restarting and maintaining the heartbeat has also been reported with beta-blockers. ***Diabetes and Hypoglycemia:*** TOPROL-XL should be used with caution in diabetic patients as a beta-blocking agent may mask the tachycardia of hypoglycemia. Beta-blockers may mask tachycardia occurring with hypoglycemia but other manifestations such as dizziness and sweating may remain significantly affected. ***Thyrotoxicosis:*** Beta-adrenergic blockade may mask certain clinical signs (eg, tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-blockade which might precipitate a thyroid storm. ***Peripheral Vascular Disease:*** Beta-blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals. ***Calcium Channel Blockers:*** Negative inotropic effects of calcium channel blockers and other negative inotropic agents, particularly those of the verapamil and diltiazem type, should be exercised in patients treated with these agents concomitantly.

PRECAUTIONS

General: TOPROL-XL should be used with caution in patients with impaired hepatic function. In patients with chemodectoma, an alpha-blocking agent should be titrated into the dose range of beta-blocking agent. Worsening cardiac failure may occur during initiation of TOPROL-XL therapy. If such symptoms occur, diuretics should be increased and/or TOPROL-XL withheld. TOPROL-XL should not be advanced until clinical stability is established. DOSAGE AND ADMINISTRATION. It may be necessary to lower the dose of TOPROL-XL or temporarily discontinue it. Such episodes do not preclude subsequent successful titration of TOPROL-XL. **Information for Patients:** Patients should be advised to take TOPROL-XL regularly and continuously, as directed, preferably with a meal. If a dose should be missed, the patient should take only the next scheduled dose (without doubling). Patients should not interrupt or discontinue TOPROL-XL without consulting the physician. Patients should be advised to avoid abrupt withdrawal of the drug. Patients should be cautioned about operating automobiles and machinery or engaging in other tasks requiring alertness until the patient's response to TOPROL-XL has been determined. Patients should be told to report any signs or symptoms of cardiac failure, and to inform the physician before taking any other medication while taking TOPROL-XL. Heart failure patients should be told to contact the physician if they experience signs or symptoms of excessive weight gain or increasing shortness of breath. **Laboratory Tests:** Laboratory tests may include elevated levels of serum transaminase, alkaline phosphatase, lactate dehydrogenase. **Drug Interactions:** Catecholamine-depleting drugs, eg, reserpine, monoamine oxidase (MAO) inhibitors may have an additive effect when given with beta-blocking agents. Patients treated with TOPROL-XL and a catecholamine-depleting drug should therefore be closely observed for evidence of hypotension and/or marked bradycardia, which may produce vertigo, syncope or postural hypotension. Study results have identified CYP2D6 such as propafenone, fluoxetine, paroxetine and quinidine as inhibitors of this enzyme. These drugs increase the metoprolol concentration in healthy subjects with CYP2D6 extensive metabolizer phenotype. Coadministration of quinidine 100 mg and immediate release metoprolol 100 mg increased the concentration of S-metoprolol and doubled the metoprolol AUC ratio. The effect is similar in patients with cardiovascular disease. Coadministration of propafenone 300 mg t.i.d. with immediate release metoprolol 50 mg t.i.d. resulted in two- to three-fold increase in the steady-state concentration of the metoprolol. These increases in plasma concentrations could decrease the cardioselectivity of the metoprolol. Beta-blockers may exacerbate the rebound hypertension which can follow withdrawal of clonidine. If the two drugs are coadministered, the beta blocker should be withdrawn several days before the gradual withdrawal of clonidine. If replacing clonidine by beta-blocker therapy, the introduction of beta-blockers should be delayed for several days after clonidine administration has stopped. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term studies in animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies in rats at three oral dosage levels of up to 300 mg/kg/day, 41 times on a mg/m² basis the daily dose of 200 mg for a 60-kg patient), there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug related were an increased incidence of generally mild focal accumulation of foamy macrophages in pulmonary alveoli and a slight increase in biliary hyperplasia. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 750 mg/kg/day (18 times on a mg/m² basis the daily dose of 200 mg for a 60-kg patient), benign lung tumors (small adenomas) occurred more frequently in female mice receiving the highest dose than in untreated control animals. There was no increase in malignant or total (benign plus malignant) lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice and no statistically or biologically significant differences were observed between treated and control mice of either sex for any type of tumor. All genotoxicity tests performed on metoprolol tartrate (a dominant lethal study in mice, chromosome studies in somatic cells a *Salmonella*/mammalian-microsome mutagenicity test and a nucleus anomaly test in somatic interphase nuclei) and metoprolol succinate (a *Salmonella*/mammalian-microsome mutagenicity test) were negative. No evidence of impaired fertility due to metoprolol tartrate was observed in a study performed in rats at doses up to 22 times (on a mg/m² basis) the daily dose of 200 mg in a 60-kg patient. **Pregnancy Category C:** Metoprolol tartrate has been shown to increase post-implantation loss and decrease neonatal survival in rats at doses up to 22 times, on a mg/m² basis, the daily dose of 200 mg in a 60-kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** Metoprolol is excreted in breast milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when TOPROL-XL is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Clinical studies of TOPROL-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1 990 patients with heart failure randomized to TOPROL-XL in the MERIT-HF trial, 50% (990) were 65 years of age and older and 12% (238) were 75 years of age and older. There were no notable differences in efficacy or the rate of adverse events between older and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy. **Risk of Anaphylactic Reactions:** While taking beta-blockers, patients with a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

ADVERSE REACTIONS

Hypertension and Angina: Most adverse effects have been mild and transient. The following adverse reactions have been reported for immediate release metoprolol tartrate. *Central Nervous System:* Tiredness and dizziness have occurred in about 10 of 100 patients. Depression has been reported in about 5 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, somnolence, nightmares, and insomnia have also been reported. *Cardiovascular:* Shortness of breath and bradycardia have occurred in approximately 3 of 100 patients. Cold extremities, arterial insufficiency usually of the Raynaud type, palpitations, congestive heart failure, peripheral edema, syncope, chest pain, and hypotension have been reported in about 1 of 100 patients. (see CONTRAINDICATIONS, WARNINGS and PRECAUTIONS). *Respiratory:* Wheezing, bronchospasm, and dyspnea have been reported in about 1 of 100 patients. (see WARNINGS). *Gastrointestinal:* Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, digestive tract disorders, and heartburn have been reported in about 1 of 100 patients. *Hypersensitive Reactions:* Pruritus or rash have occurred in about 5 of 100 patients. Worsening of psoriasis has also been reported. *Miscellaneous:* Peyronie's disease has been reported in fewer than 1 of 100 000 patients. Musculoskeletal pain, blurred vision, decreased libido and tinnitus have also been reported. There have been rare reports of reversible alopecia, agranulocytosis and dry eyes. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. The oculocutaneous syndrome associated with the beta-blocker practolol has not been reported with metoprolol. **Potential Adverse Reactions:** In addition, there are a variety of adverse reactions not listed above which have been reported with other beta-adrenergic blocking agents, and should be considered potential adverse reactions to TOPROL-XL. *Central Nervous System:* Reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. *Cardiovascular:* Intensification of AV block (see CONTRAINDICATIONS). *Hematologic:* Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura. *Hypersensitive Reactions:* Fever combined with aching and sore throat, laryngospasm, and respiratory distress. **Heart Failure:** In the MERIT-HF study, serious adverse events and adverse events leading to discontinuation of study medication were systematically collected in the MERIT-HF study comparing TOPROL-XL in daily doses up to 200 mg (mean dose 159 mg once-daily) (n=1990) to placebo (n=2001). 10.3% of TOPROL-XL patients discontinued for adverse events vs 12.2% of placebo patients. The table below lists adverse events in the MERIT-HF study that occurred at an incidence of equal to or greater than 1% in the TOPROL-XL group and greater than placebo by more than 0.5%, regardless of the assessment of causality.

Adverse Events Occurring in the MERIT-HF Study at an Incidence ≥ 1% in the TOPROL-XL Group and Greater Than Placebo by More Than 0.5%

	TOPROL-XL (N=1990) % of patients	Placebo (N=2001) % of patients
Dizziness/vertigo	11.0	10.0
Bradycardia	7.5	4.4
Fatigue/asthenia	7.4	6.5

Other adverse events with an incidence of > 1% on TOPROL-XL and as common as placebo within 0.5% included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disease, ventricular tachycardia/arrhythmia aggravated, hypotension, diabetes mellitus, diabetes mellitus aggravated, abdominal pain, and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported with TOPROL-XL in worldwide post-marketing use, regardless of causality. *Cardiovascular:* 2nd- or 3rd-degree heart block. *Gastrointestinal:* hepatitis, vomiting. *Hematologic:* thrombocytopenia. *Musculoskeletal:* arthralgia. *Nervous System/Psychiatric:* anxiety/nervousness, hallucinations, paresthesia. *Reproductive, male:* impotence. *Skin:* increased photosensitivity, urticaria. *Special Sense Organs:* taste disturbances.

OVERDOSAGE

Acute Toxicity: There have been a few reports of overdosage with TOPROL-XL. No specific overdosage information was obtained with this drug, with the exception of animal toxicology data. However since TOPROL-XL (metoprolol succinate) contains the same active moiety, metoprolol, as conventional metoprolol tartrate (metoprolol tartrate salt), the recommendations on overdosage for metoprolol contained in tablets are applicable to TOPROL-XL. **Signs and Symptoms:** Overdosage with TOPROL-XL may lead to severe hypotension, sinus bradycardia, atrioventricular heart failure, cardiogenic shock, cardiac arrest, bronchospasm, impaired consciousness/coma, nausea, vomiting and cyanosis. **Treatment:** In patients with acute or recent myocardial infarction or congestive heart failure, more hemodynamically unstable than other patients and should be treated accordingly. When possible the patient should be treated under intensive care conditions. On the basis of the pharmacologic actions of metoprolol, the following general measures should be employed. ***Elimination of the Drug:*** Gastric lavage should be performed. ***Bradycardia:*** Atropine should be administered. If there is no response, beta-blockade, isoproterenol should be administered cautiously. ***Hypotension:*** A vasopressor should be administered, eg, levarterenol or dopamine. ***Bronchospasm:*** A beta2-stimulating agent and/or a theophylline derivative should be administered. ***Cardiac Failure:*** A digitalis glycoside and diuretics should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol or glucagon may be considered.

DOSAGE AND ADMINISTRATION

TOPROL-XL is an extended release tablet intended for once daily administration in the treatment of hypertension and angina, when switching from immediate release metoprolol to TOPROL-XL, the same total daily dose of TOPROL-XL should be used. Dosages of TOPROL-XL should be individualized and titration may be needed. Since patients TOPROL-XL tablets are scored and can be divided, however the whole tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 25 to 100 mg daily in a single dose, whether used alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until adequate blood pressure reduction is achieved. In general, the maximum effect of a dosage level will be apparent after 1 week of therapy. Dosages above 400 mg/day have not been studied. **Angina Pectaris:** The dosage of TOPROL-XL should be individualized. The usual initial dosage is 100 mg daily given in a single dose. The dosage may be gradually increased at weekly intervals until optimum clinical response has been obtained or there is a pronounced slowing of the heart rate. Dosages above 400 mg per day have not been studied. If treatment is to be discontinued, the dosage should be reduced gradually over a period of 1–2 weeks (see WARNINGS). **Foilure:** Dosage must be individualized and closely monitored during up-titration. Initiation of TOPROL-XL the dosing of diuretics, ACE inhibitors and digitalis (if used) should be stabilized. The recommended starting dose of TOPROL-XL is 25 mg once daily for two weeks in patients with NYHA class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every two weeks to the highest dosage level tolerated by the patient or up to 200 mg/day. TOPROL-XL. If transient worsening of heart failure occurs, it may be treated with increased doses of diuretics and it may also be necessary to lower the dose of TOPROL-XL or temporarily discontinue it. The dose of TOPROL-XL should be increased until symptoms of worsening heart failure have been stabilized. The difficulty with titration should not preclude later attempts to introduce TOPROL-XL. In heart failure patients experience symptomatic bradycardia, the dose of TOPROL-XL should be reduced.

HOW SUPPLIED

Tablets containing metoprolol succinate equivalent to the indicated weight of metoprolol tartrate USP are white, biconvex film-coated and scored.

Tablet	Shape	Engraving	Bottle of 100 NDC 0186-	Unit Packa 10 NDC 0
25 mg*	Oval	[illegible]	1068-05	1068
50 mg	Round	[illegible]	1090-05	1090
100 mg	Round	[illegible]	1092-05	1092
200 mg	Oval	[illegible]	1094-05	N/

*The 25-mg tablet is scored on both sides.

Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F). (See USP Controlled Room Temperature.)

NOTE: This summary provides important information about TOPROL-XL. For more information, please ask your doctor or health care professional about the Prescribing Information and discuss it with them.

TOPROL-XL is a registered trademark of the AstraZeneca group of companies.
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Manufactured for: AstraZeneca LP
Wilmington, DE 19850

By: AstraZeneca AB
S-151 85 Sodertalje, Sweden

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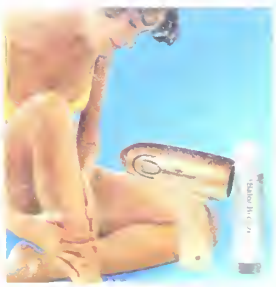
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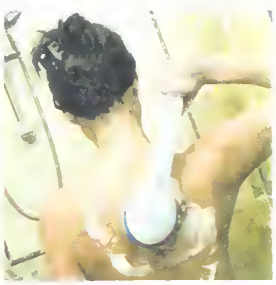
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Happy, [illegible]lthy Hands!

[illegible]ob that's hard on your [illegible] pend free time on the [illegible] the beach or lounging in [illegible]ub? Used daily, Flexitol [illegible]m helps soothe and soften [illegible]ked, itchy, and irritated [illegible] drier your skin the harder [illegible] Made with vitamin E and [illegible]nded by dermatologists, [illegible]ally formulated balm can [illegible]sed on arms, legs, elbows, [illegible]. Available in the "First [illegible]ion at selected retailers. [illegible] *Flexitol for yourself...it* [illegible]ww.flexitol.com



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Spring Forward

THE NEWEST SHOES AND BAGS ARE EFFORTLESSLY CHIC IN EARTHY SHADES AND NATURAL FABRICS

WRITTEN AND STYLED BY SUE ERNETA

1. Flats and Flaps

BAGS. This update on '70s retro bags is an ultramodern way to carry everything from keys to lunchtime reading. Tan bag, Sorpresa, $160. Brown leather bag, Banana Republic, $198.

SHOES. Whether you're wearing them with swingy skirts or narrow pants, flats are always in style. This season, try a rope-soled espadrille or a peep-toe for instant chic. Peep-toe flat, Nine West, $75. Brown and white canvas espadrilles, Banana Republic, $78. Printed espadrilles, Old Navy, $14.50.

2. Woodsy Wedges and Leather Trim Totes

BAGS. A traditional straw tote and a simple canvas bag look fresh with the addition of leather trim. Straw bag, MICHAEL Michael Kors, $348. Canvas with faux-leather bag, Barganza, $30.

SHOES. Wedges with wooden heels are the new solution for a little height and a lot of polish. And you won't believe how easy they are to walk in. Leather wedge with studs, Carlos by Carlos Santana, $110. Leather T-strap wedge, MICHAEL Michael Kors, $129.

CONTINUED





Protect all day without swishing all day.



Crest Pro-Health Rinse
And it helps protect your
Now in Cool Watergreen Flavor

Where to Find It, page 178

3. Prints and Platforms

BAGS: The latest spring accessories are awash in tan and brown, but if you're looking for something more vivid, these color-drenched canvas bags are a lively way to lighten up. Orange tote, J. Crew, $148. Printed bag, Echo Handbags, $158.

SHOES: Platform heels are back! And they'll feel brand-new with hardware trim or a woven heel. Orange platforms, Carlos by Carlos Santana, $89. Tan leather platforms, MICHAEL Michael Kors, $129.



4. Cinched Sacks and Stacked Heels

BAGS: Belts are hot for spring—even on handbags. These elongated versions make it a snap to tote around everything you need. Tan leather bag, Maxximum, $170. Red canvas shopper, Fossil, $88.

SHOES: These stacked heel sandals add sporty flair to a work look or dress up your jeans. Jeweled heels, Mossimo for Target, $27.99. Leather sandals, Banana Republic, $128.





5. Vertical Bags and Gladiators

BAGS: Whether in plain canvas or studded leather, a tall flat bag offers plenty of space in its refined shape. White canvas bag, Club Monaco, $79. Tan leather shoulder bag, MICHAEL Michael Kors, $298.

SHOES: Laced up the leg or buckled around the ankle, gladiator sandals are the latest version of the strappy flat. Brown snakeskin sandals, Delman, $375. Dark-chocolate sandals, Naturalizer, $65. White sandals, Accessories for Target, $19.99.

VISIT playtexbras.com/frontclose



SUBURBAN *Safari*

It's a jungle out there! Dress the part in spring's safari-inspired jackets, skirts and dresses and be ready for adventure every day.



Even when your own backyard seems like a zoo, you'll handle it all with ease in these relaxed safari separates. Left: Red linen shirt, Lauren by Ralph Lauren, $80. Cropped cotton cargo trousers, Old Navy, $29.50. Necklace, Roxanne Assoulin for Lee Angel. Sunglasses, Fossil, $36. Shoes, MICHAEL Michael Kors, $129. Right: An elongated chocolate cotton vest sweater provides the perfect proportion for cropped olive cargos. Vest, MICHAEL Michael Kors, $89.50. Cargos, DKNY JEANS, $59. Necklace, Liza Shtromberg at Fragments, $245. Rings, PONO by Joan Goodman, $100 each. Sunglasses, Fossil, $34. Sandals, Daryl Robin, $119. On boy, left: Swimsuit, Old Navy, $10.50. On girl, left: Bathing suit, Petit Patapon, $59. White shorts, Tommy Hilfiger Children's, $32.50. On girl, right: White ruffled tank, United Colors of Benetton Kids, $29. Green polka-dot shorts, Mini Boden, $28. On boy, right: Swimsuit, Osh-Kosh.

PHOTOGRAPHED BY AUGUSTUS BUTERA WRITTEN AND STYLED BY CARLA ENGLER





Life can be a happy tangle you can't help but laugh at, especially when you're super-comfortable in a classic linen safari jacket paired with a canary-yellow shirt for pop and long cuffed shorts. Left: Jacket, Club Monaco, $179. Shirt, Paul & Joe, $200. Shorts, Old Navy, $24.50. Necklace, Isaac Manevitz for Ben Amun, $100. Bracelets, left, United Colors of Benetton, $24. Bracelets, right, wooden bangles, $50 each, amber bangle, $60, both Isaac Manevitz for Ben Amun. Wedges, Farylrobin, $134. Right: The desert-red color of this contrast button jacket is unexpected and flattering. Slip on slim khaki pants for casual days or a pencil skirt for work. Jacket, Old Navy, $34.50. Pants, Sisley, $69. Necklace, R.J. Graziano, $125. Belt, Linea Pelle, $160. Sandals, Delman.

WHO LET THE DOGS OUT? Loretta (left) and Grace are English bulldogs, a breed known for affection, dependability and bravery.



et the party started in
ophisticated safari style that
oes to work as well as
ut on the town. Left: A
opped cotton band-collar
cket is a stylish variation on
assic safari and perfectly to
swirl-embroidered slip dres
cket, $129.50, dress, $149.
oth MICHAEL Michael Kors
ecklace, Echo, $38. Cuff
ONO by Joan Goodman.
spadrilles, Banana Republic
35. Right: Coral brightens up
e safari palette and, with a
atching tank and lin
ousers, this jacket



Slow down and share the moment with your little one in an easy lace-up safari shirt and short linen skirt. Shirt, United Colors of Benetton, $69. Skirt, Sunner, $139. Bag, Old Navy, $12.50. Belt, Suzi Roher, $200. Bangles, Isaac Manevitz for Ben Amun, $50 each. Sandals, Delman. On boy: Sweatshirt, Mini Boden, $38. Shorts, Ralph Lauren Childrenswear.

BEAUTY BONUS: Keep legs looking great with Softsoap Pure Cashmere Body Wash, $3.99, a hydrating shower soap that helps skin retain moisture with cashmere extract and a lipid complex.



Just leaving for school can be a job in itself, but you'll be able to pull it off smoothly in a [illegible] band-collar shirt and chic khaki button-up pencil skirt. Chunky, stacked-heel sandals and wooden jewelry take this look way out of Africa. Left: Shirt, United Colors of Benetton, $54. Jacket, REBA, $175. Skirt, Banana Republic, $68. Belt, [illegible]

Delman. Right: A classic safari jacket gets new life with a brown zebra-stripe bustier, chocolate cotton pants and a stylish belt. Jacket, Eddie Bauer, $118. Bustier, Tommy Hilfiger, $89. Pants, MICHAEL Michael Kors, $89.50. Necklace, R.J. Graziano, $65. Belt, Suzi Roher, $310. Bag, Fossil, $78. Sandals, [illegible]alizer, $65.

[illegible]ONUS: Give hair [illegible] alcohol-free [illegible] Bombshell Gel, $2[illegible] hair at the [illegible] about [illegible]



Still caught in the cycle of depression

my symptoms of depression won't go away

- sadness
- anxiety
- low energy

I thought I was better, but I'm depressed again

I keep falling into depression no matter what I do

Important Safety Information

Suicide in Children and Teenagers

Antidepressants increased the risk of suicidal thinking and behavior in children and teenagers. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. EFFEXOR XR is not approved for use in children and teenagers.

- People taking MAOIs should not take EFFEXOR XR.
- Adult and pediatric patients taking antidepressants should be watched closely for signs that their condition is getting worse or that they are becoming suicidal, especially when they first start therapy, or when their dose is increased or decreased. Patients should also be watched for becoming agitated, irritable, hostile, aggressive, impulsive, or restless. Such symptoms should be reported to the patient's doctor right away.
- EFFEXOR XR may raise blood pressure in some patients. Your blood pressure should be controlled before starting treatment and should be monitored regularly.
- When people suddenly stop using or quickly lower their d dose of EFFEXOR XR, discontinuation symptoms may oc Talk to your doctor before discontinuing or reducing your d of EFFEXOR XR.
- Pregnant or nursing women shouldn't take any antidepress without consulting their doctor.
- Before starting EFFEXOR XR, tell your doctor about any medici you're taking, including over-the-counter drugs and her supplements.
- Until you see how EFFEXOR XR affects you, be careful doing s activities as driving a car or operating machinery. Avoid drink alcohol while taking EFFEXOR XR.
- In clinical studies, the most common side effects w EFFEXOR XR (reported in at least 10% of patients and at le twice as often as with placebo) were constipation, dizziness, mouth, insomnia, loss of appetite, nausea, nervousness, sex side effects, sleepiness, sweating, and weakness. Ask your doc if EFFEXOR XR is right for you.

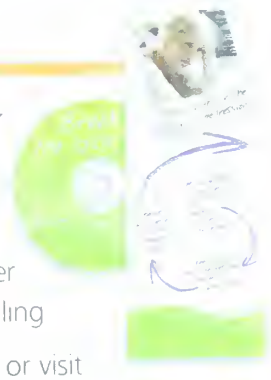
Break the cycle with EFFEXOR XR



EFFEXOR XR, a prescription medicine, has been shown to help resolve symptoms of depression and to ***help prevent them from coming back.***

Free Offer

Receive an educational DVD about depression and EFFEXOR XR and other helpful information by calling **1-866-889-1392** or visit **TheChangeYouDeserve.com**



Ask your doctor if EFFEXOR XR is right for you.

To learn more about [illegible] and EFFEXOR XR, visit TheChangeYouDeserve.com

ONCE-DAILY
VENLAFAXINE HCl
EFFEXOR XR® EXTENDED RELEASE CAPSULES

The change you deserve.™

Please see Patient Information on adjacent page.

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PATIENT INFORMATION FOR EFFEXOR XR® (venlafaxine HCl)

Please take time to read the following important information carefully. However, keep in mind that it cannot take the place of your doctor's instructions. If you do not understand all of this information or want to know more about EFFEXOR XR, ask your doctor or pharmacist.

What is the most important information that I should know if my child is being prescribed an antidepressant?

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in studies in children and teenagers with depression and other psychiatric disorders. EFFEXOR XR is not approved for use in children and teenagers. See the Prescribing Information and the Medication Guide about using Antidepressants in Children and Teenagers for more information.

What is the most important information that I should know about EFFEXOR XR?

Some people should not take EFFEXOR XR. Discuss this with your doctor. People taking monoamine oxidase inhibitors (MAOIs) should not take EFFEXOR XR. MAOIs can cause a very serious reaction or even death if taken at the same time as EFFEXOR XR. You must stop taking your MAOI at least 14 days before beginning EFFEXOR XR. Similarly, you should wait 7 days after stopping EFFEXOR XR before starting an MAOI. Be sure to ask your doctor or pharmacist if a medicine you are taking is an MAOI.

Patients and their families should know that both adults and children treated with EFFEXOR XR should be watched closely for signs that their condition is getting worse or that they are becoming suicidal. This is true especially when they first start EFFEXOR XR therapy, or when their dose is changed (increased or decreased). Patients should also be watched for becoming agitated, irritable, hostile, aggressive, impulsive, or restless. Such symptoms should be reported to the patient's doctor right away.

What is EFFEXOR XR?

EFFEXOR XR is a prescription medicine used to treat Depression, Generalized Anxiety Disorder (also called GAD), Social Anxiety Disorder (also called SAD), and Panic Disorder (also called PD) in adults.

Depression

Symptoms of depression are different depending on the person. Some people have only a few symptoms while others may have many symptoms at once. Symptoms of depression include:

- Feeling sad or "down"
- Feeling hopeless or worthless
- Changes in appetite or weight
- Changes in sleeping patterns
- Lack of interest in activities that you usually enjoy
- Fatigue or lack of energy
- Feeling worthless, or feeling guilty for no reason
- Trouble concentrating or making decisions
- Repeated thoughts of death or suicide

Many people with depression get better with EFFEXOR XR. Children with depression may have their depression get worse and/or they can have thoughts of suicide. This can happen if they take an antidepressant or not. Patients treated with EFFEXOR XR should be watched closely for signs that their condition is getting worse or that they are having thoughts of suicide. Such changes should be reported to the doctor right away.

Generalized Anxiety Disorder (GAD)

GAD is characterized by feelings of excessive anxiety and worry that can't be controlled and are present most days for 6 months. Other symptoms of GAD include:

- Restlessness or feeling on edge
- Fatigue
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Difficulty sleeping

Social Anxiety Disorder (SAD)

People with SAD have an extreme, persistent fear of one or more social or public situations. This fear can even disrupt everyday functioning. Other symptoms of SAD may include:

- Blushing, sweating, or trembling
- Increased self-consciousness in social settings
- Physical symptoms, such as blushing, sweating, trembling, fast heartbeat, and nausea
- Unreasonable fear of embarrassment

Panic Disorder (PD)

PD is characterized by repeated, unexpected panic attacks, followed by weeks of persistent concern about having another panic attack. A classic panic attack involves rapid onset of a specific period of intense fear and discomfort that develops quickly and reaches a peak within 10 minutes. Along with these feelings, other symptoms may include:

- Racing heartbeat
- Sensation of smothering
- Feeling of "going crazy"
- Nausea
- Sweating
- Numbness

Who should not take EFFEXOR XR?

Do not take EFFEXOR XR if you are allergic to EFFEXOR XR (venlafaxine HCl) or any of its ingredients. The inactive ingredients are cellulose, ethylcellulose, gelatin, hypromellose, iron oxide, and titanium dioxide.

EFFEXOR XR can make some conditions worse. Tell your doctor about all your medical problems. **Be sure to tell your doctor if you have or had:**

- suicidal thoughts
- high blood pressure. EFFEXOR XR can increase your blood pressure.
- heart disease. EFFEXOR XR can increase your heart rate (pulse).
- liver or kidney problems. Your dose of EFFEXOR XR may need to be different.
- symptoms of mania or hypomania, such as persistently elevated or irritable mood, a decreased need for sleep, racing thoughts, hyperactivity, and rapid, excessive speech.
- glaucoma. EFFEXOR XR may increase your eye pressure. You may need more frequent eye exams to detect an increase in eye pressure.
- seizures.
- thyroid problems.

Tell your doctor about all medicines that you plan to take, including prescription and non-prescription medicines and supplements (including natural and herbal supplements). Your doctor will decide if you can take EFFEXOR XR with other medicines.

EFFEXOR XR is not recommended for weight loss alone or in combination with phentermine or other products.

How does EFFEXOR XR work?

EFFEXOR XR is thought to work by affecting two naturally occurring brain chemicals, serotonin and norepinephrine. This helps relieve your symptoms. It may take several weeks for your symptoms to get better with EFFEXOR XR.

How should I take EFFEXOR XR?

- EFFEXOR XR can be prescribed in different dosage strengths (37.5 mg, 75 mg, and 150 mg). The usual starting dose is 75 mg for depression, GAD, and SAD and 37.5 mg for PD, but only your doctor can tell you which dose is right for you and whether it will need to be adjusted over time.
- EFFEXOR XR should be taken as a single dose with food at about the same time every day, either in the morning or evening.
- The capsule should be swallowed whole; it should not be divided, crushed, chewed, or placed in water.
- The capsule can also be carefully opened and its contents sprinkled onto a spoonful of applesauce. This should be swallowed immediately and followed by drinking a glass of water. Do not chew this mixture before swallowing.
- If you miss a dose of EFFEXOR XR, it can be taken later that day. Don't try to "make up" for the missed dose by taking two doses the next day.

In case of an overdose, call your doctor or poison control center or go to the emergency room right away.

What should I avoid while taking EFFEXOR XR?

Please tell your doctor if you are pregnant, intend to become pregnant, or are breast-feeding. Newborns whose mothers took EFFEXOR XR late in the third trimester have had problems. Because of those problems, the newborns needed long hospital stays, help with breathing, and tube feeding.

Until you see how EFFEXOR XR affects you, be careful doing such activities as driving a car or operating machinery. Avoid drinking alcohol while taking EFFEXOR XR. EFFEXOR XR may cause other side effects besides those listed below.

What are the possible side effects of EFFEXOR XR?

EFFEXOR XR may cause side effects in some people. In clinical studies, some people had to stop taking EFFEXOR XR because of side effects.

In clinical studies, the most common side effects included:

- Nausea
- Dizziness
- Sleepiness
- Abnormal ejaculation
- Sweating
- Dry mouth
- Gas
- Abnormal vision
- Nervousness
- Insomnia
- Loss of appetite
- Constipation
- Confusion/agitation
- Tremor
- Yawning
- Palpitation

Tell your doctor right away if you have:

- increases in heart rate
- extreme confusion or seizures, which may indicate very low levels of sodium in the blood.
- abnormal bleeding or bruising
- sudden, unexpected eye pain, eye redness, or changes in vision, which may indicate increased eye pressure
- symptoms of mania or hypomania, such as persistently elevated or irritable mood, a decreased need for sleep, racing thoughts, hyperactivity, and rapid, excessive speech.

EFFEXOR XR may cause an increase in your cholesterol. Your doctor may want to do blood tests to check your serum cholesterol periodically.

For more information on these and other side effects associated with EFFEXOR XR, talk to your doctor or pharmacist, or visit our Web site at **www.EFFEXORXR.com.**

Can children take EFFEXOR XR?

EFFEXOR XR is not approved for use in children under 18. Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in studies in children and teenagers with depression and other psychiatric disorders. See the Prescribing Information and the Medication Guide About Using Antidepressants in Children and Teenagers for more information.

What happens when I stop using EFFEXOR XR?

Withdrawal symptoms are known to occur when people stop using EFFEXOR XR, especially when they suddenly stop therapy.

When people suddenly stop using EFFEXOR XR, they can get symptoms from stopping the medicine too fast. Some of these symptoms include:

- Agitation
- Anxiety
- Confusion
- Diarrhea
- Dizziness or vertigo
- Dry mouth
- Fasciculation (muscle twitching)
- Headaches
- Hypomania
- Impaired coordination
- Insomnia (trouble sleeping)
- Loss of appetite
- Nausea
- Nervousness
- Nightmares
- Seizures
- Sensory disturbances (including electric shock sensations)
- Somnolence (sleepiness)
- Sweating
- Tinnitus
- Tiredness
- Tremor
- Unpleasant mood
- Vomiting

Do not stop taking EFFEXOR XR without talking with your doctor first. Your doctor may want to slowly decrease your dose of EFFEXOR XR to help avoid these kinds of symptoms.

General advice about EFFEXOR XR

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use EFFEXOR XR for a condition that has not been prescribed by your doctor. Do not give EFFEXOR XR to other people, even if they have the same symptoms you have. It may harm them.

This information summarizes the most important information about EFFEXOR XR. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about EFFEXOR XR that is written for health professionals.

What are the ingredients in EFFEXOR XR?

EFFEXOR XR contains venlafaxine hydrochloride, an antidepressant. Inactive ingredients consist of cellulose, ethylcellulose, gelatin, hypromellose, iron oxide, and titanium dioxide.

How do I store EFFEXOR XR?

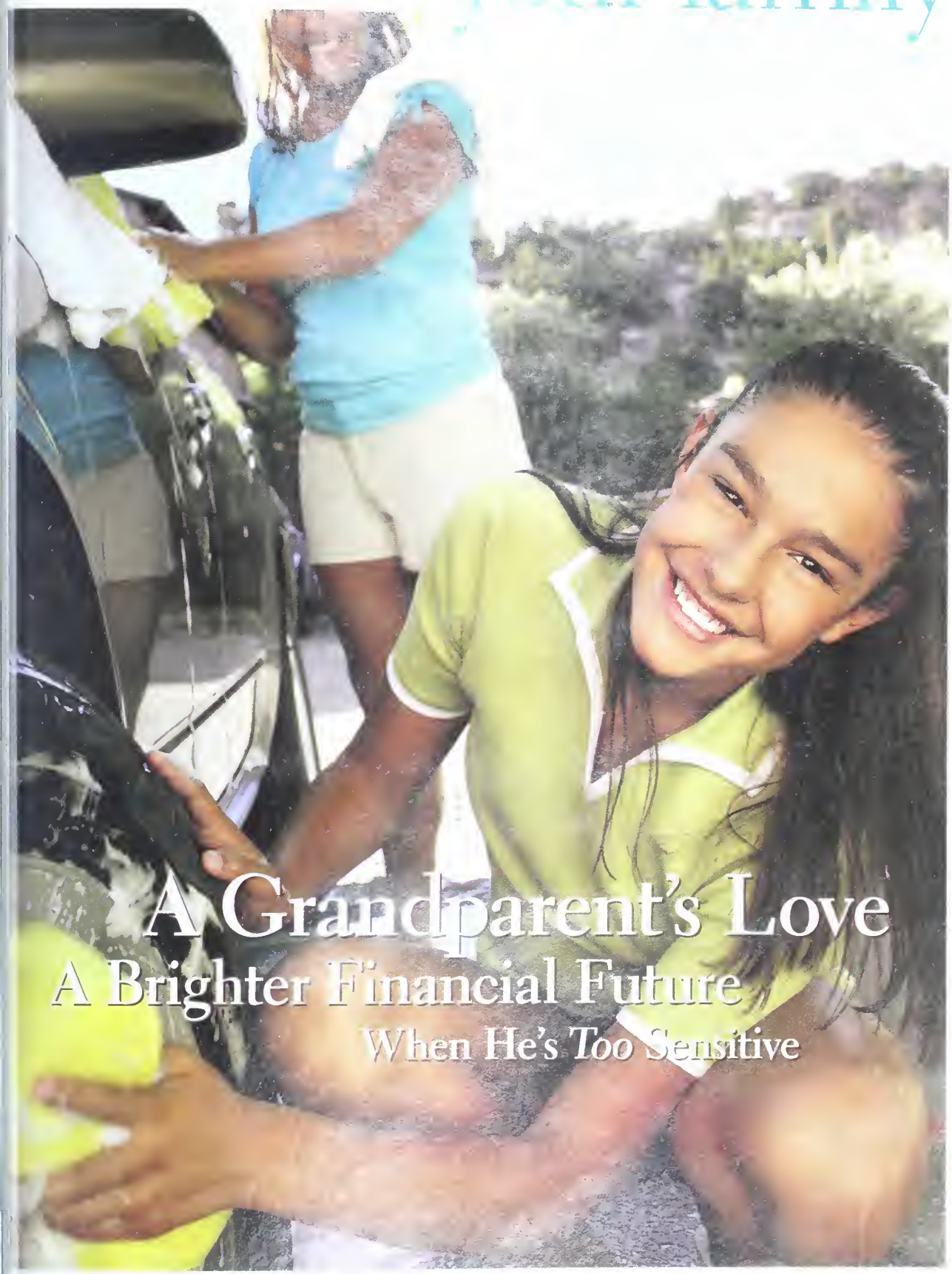
EFFEXOR XR should be stored at room temperature (68° to 77°F or 20° to 25°C). Keep EFFEXOR XR away from children.

For more information on EFFEXOR XR

This page is only a summary. For more complete information, talk to your doctor or pharmacist. You can also go to **www.EFFEXORXR.com.**

This brief summary is based on EFFEXOR XR Prescribing Information W10404C021, revised December 2005.

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A Grandparent's Love

A Brighter Financial Future

When He's *Too* Sensitive

Thanks to Megan's Law, all states must make the names and addresses of certain convicted sex offenders public. But government Web sites can be cumbersome to navigate and may merely list information without allowing users to search by neighborhood. Now new private Web-based services make such data easier for parents to access.

Mapsexoffenders.com was founded by Mark and Aaron Olsen when they heard that a local Boy Scout was missing. Finding government registries frustrating, Aaron combined data with Google Maps so that parents can look up their own addresses and see at once if sex offenders live nearby, as well as if any reside near schools, churches and other places kids are likely to be. "We're making the information easy to find and understand," says Aaron. Forty-two states and counting are currently mapped.

Similar sites include *www.familywatchdog.us*, *www.sexoffendersreport.com* and *www.childsafenetwork.org*, all of which encourage responsible legal use of their information. Mark advises that the info be used only to alert kids to people and places to avoid. *—K. Emily Bond*



Parents Flun SPORTSMANSHIP

At their best, youth sports aren't just fun, they also teach participants solid values such as teamwork and fair play. If only parents would learn those lessons! On the first National Youth Sports Report Card, issued recently by the Citizenship Through Sports Alliance, America's moms and dads received poor grades because they're doing a lousy job of emphasizing the goals of "fun, friendship and fitness," says Dan Gould, alliance spokesman.

The problem, Gould believes, stems from the "professionalization" of youth sports, which, he says, "have been infected with the idea that superior performance and winning are everything." Often parents pressure their kids because they unrealistically think that they might win scholarships. At games parents scream at players, berate officials and boss coaches around. After games, many critique their child's every play.

Most coaches in youth sports are volunteers, so parents should cut them some slack—and get involved themselves. But don't sign on without training, Gould cautions. "Otherwise you'll act like coaches on TV," he says. "That behavior is totally inappropriate with kids." *—Debbe Geiger*

TV is a turnoff! Couples who have a television in the bedroom have sex only half as often as those who don't, finds a new study.

At the end of the day, they

RETREAT TO THE COMFORT & CONFINES

of a hard protective shell. Sound inviting?



Eastern Box Turtle



Fig. 3 Western Painted Turtle



Fig. 2 Spotted Turtle



Fig. 4 Western Painted Turtle

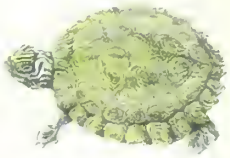


Fig. 5 Eagles Map Turtle



Fig. 6 Snapping Turtle

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Go RVing.



by JEANNE MARIE LASKAS



Dear Grandma, I Love You

My daughters' uncoached devotion and delight over their grandparents prompted me to wonder why, all those years ago, was I so afraid of my own grandmother?

"Big news! It's time for Grandmom to brush her teeth. *Wee-hoo!* My girls jump up and down as though it's party time. They scamper to the bathroom to be first in line to squeeze the toothpaste, fill the cup, hand over towels.

"Be *careful!*" Anna says to her younger sister, Sasha. "Grandmom is *old* and she can tip *over!*"

"That's right," my mother says. "I'm a rickety old thing."

My mom is 82. She actually did tip over, a few months ago, in the living room of the apartment in the retirement village where she and my father live. She broke her leg, and the ensuing operation spiraled into a slew of complications that had her in and out of the hospital for months and then finally landed her in a nursing home to recuperate. It has been a miserable ordeal, but she's back now, relearning independent living and feeling "rickety."

I wasn't sure how my girls would handle this. Very young people aren't, after all, predisposed to deal with the complicated problems of the very old. Or so I thought.

Anna has won the race to the toothbrush and Sasha is squeezing the toothpaste and my mother is grasping her walker with whiter knuckles than usual. Will my kids knock her over? She doubts it, but nothing is certain. The enthusiasm Anna and Sasha bring to the land of their grandparents is legendary by now. They treat my parents as celebrities. I have no idea where this comes from. I have never once so much as whispered the line, "Now be nice to Grandmom." If anything, I have had to work the reverse angle: "Please give Granddad a break." Or, "Girls, I don't think Grandmom likes it when you hover."

My parents are not gushy types who solicit such affection. They aren't overly indulgent with toys, candy or cheek pinching. They are full of love for all their grandchildren—10 in all. And maybe it's just because we live five hours away and Anna and Sasha don't get to see their grandparents as often as the rest of their cousins do that my girls treat my parents with the kind of embrace you'd believe CONTINUED

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WONKA EGG HUNT



Grandma Laskas gets a hug from Anna

exists only in Hallmark card commercials. Once, during a visit, Sasha curled up next to my dad and said, "Bess frenz, Granddat. We are bess frenz."

I stood back, thinking: "*Textbook!*" My girls could write a textbook on how to win the hearts of grandparents. *Chapter One: As soon as you enter Grandma's house, ask for some paper and crayons. Sit down and draw a sun and a rainbow and a house underneath. Then draft a letter something like this latest masterpiece I read: "Dear Grandmom, I wood love you to come with Granddad to my house sometime because you are the favrit people in the world to me. And I love you. And you should come to my house soon. Please come very soon to my house. Love, Anna and Sasha."*

So wrote my daughter upon entering my parents' apartment today. My parents, as would any grandparent, ate it up.

I have no idea where this comes from. I know I wasn't this sort of kid. I was about 9 when we'd go visit my mom's mom in the big white nursing home. I remember the antiseptic smell. I remember everything. I remember sitting on the floor, playing tic-tac-toe with my sister Claire and doing everything in my little-girl power to avoid having contact with the wrinkled old lady in the bed. My grandmother wasn't the only old person who scared me. They all did. They were skinny. Their veins popped out. They had scary hair. They said scary things—or they didn't talk at all.

To her credit my mother never demanded that I tend to my aging grandmother. She seemed to forgive me my fear—or at least she pretended that she did. She tried to comfort me but she never tried to talk me out of being scared. Nor did she give me a free pass from the weekly visit: she seemed to think that these visits, while difficult, were important for my sisters and me as well as for the wrinkled old lady in the bed.

Looking back, I think my mother's simple acceptance of me as a scared little girl in that situation was empowering: It was okay to be scared, but fear was not an excuse to run away and hide. Eventually I found the strength to sit with my grandmother and tell her a little about my days. I remember thanking her for the purple bike she had gotten me years previously and letting her know it was still my most favorite thing in the world.

I wonder how much of the wisdom my mother's mothering plays into the kind of mother I am, and the kind of kids I'm raising.

Acceptance. I'm big on acceptance, on allowing my girls to feel what they are feeling, but not to act on every feeling. Anger, I teach them, is okay, but lashing out is not. Jealousy is nothing to brag about, but tearing another person down is forbidden. I know I get that simple lesson of acceptance from my mom.

My girls follow my mother as she shuffles with her walker to the bedroom, tagging along like a little boxcar and an even littler caboose. "Don't hover, girls," I'm saying. It's not easy for my mother to swivel her hips into the bed, so I help. Sasha tells me to be careful. She tells me my mother is old and that she could break. "I know," I say. "I know." And why aren't they afraid? I want to know why they aren't afraid. I want to know why I was so afraid. I'm glad my mother never gave me that free pass. Seeing her now, not quite as frail as her mother once was, but plenty rickety, I am not afraid. Do my girls sense my courage? As kids, do we pick up and absorb our own parents' emotions? If so, I suppose that was an enormous gift my mother gave me—and my daughters—way back when. She was afraid, and I picked up her fear, and she demanded that I brave my way through it.

Sasha gets the idea to brush my mother's hair. My mother is wincing, hoping not to get poked in the eye, but submitting. Sasha is on the bed, gently smoothing, Anna begins an off-key version of "Hush Little Baby" that has my mother wincing and smiling all at once. "You girls are a joy," she tells them. She is too tired to say much more. It's not a lot to say. It's not over the top. It's the straight-ahead talk a kid knows to be true.

"I'm proud you're taking such good care of Grandmom," I whisper.

I think that's the right thing to say. I hope I'm doing this right. When I'm old and rickety and in a bed, I imagine my two little granddaughters brushing my hair and singing me a song, and holding back a mixture of laughter and tears I can't quite name.

Yes. Joy. That would be some kind of joy.

Yes, coffee and soda are two ways to help you stay hydrated. No, we're not pulling your leg.

In the past, these beverages were thought to be dehydrating. But not anymore. The Institute of Medicine of the National Academy of Sciences has found that moderate consumption of caffeine contributes to total daily hydration. If you're not in the mood for coffee or soda, reach for something else you enjoy like fruit juice, tea or a soft drink. Of course, water is always the best choice, but it's just not the only one for *making every drop count.*

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STEPHEN FRIED

Confessions of a Naked Man

In the privacy of a locker room, men can expose their true selves



I often hear wives bemoan the fact that they can't get their husbands to talk to them. They want to know what it would take to hear their men "really open up."

Personally, I think most wives get far more satisfaction from dissing their spouse's communications skills than they could ever derive from hearing what their guys actually have to say. But if you insist on knowing, I will let you in on one of our manly little secrets.

There's one situation where men truly and consistently talk a lot. And that's when they're naked, hanging around in the locker room.

Ever since I was a teenager and got my first chance to sit in a community center's steam room, I've been aware of how differently men speak to one another when they're dressed only in towels. Maybe nudity humbles us, because there's no hiding how far we've strayed from Michelangelo's *David*-like perfection, and at the same time it frees us. But no matter the reason, the chatter in the locker room has a different quality from the conversations men have, say, when they drink together. There's a terry-cloth truth about these discussions that you just can't get anywhere else.

When I tell my wife, Diane, about the Chest Hair Dialogues, she's always fascinated and a little jealous. She says whenever she's in women's locker rooms, nobody says much: It's hushed and almost clinical.

Diane has also figured out that many of the discussions I have in the locker room are the mundane chats she routinely fails to engage me in at home. She thinks I'm cheating on her conversationally, yakking about politics, business, world affairs, even the weather with naked guys—some of whom I barely know—topics I almost never talk about with her, especially as we get past 9 P.M., when my head begins the "TV nod" like one of those drinking-bird toys.

I also suspect Diane finds it hard to believe I could be that comfortable sitting around naked with *anyone*—because she knows I'm not that way around her. I'm the kind of guy who puts his clothes back on *immediately* after sex, and I haven't taken my shirt off at the beach in, like, 30 years. I don't know why I'm that way (maybe I need a body-image therapist) any more than I understand how I somehow have grown unself-conscious enough in the locker room that I don't even bother putting a towel around my waist.

Over the years I've also become something of a student of the sociology of men talking to one another naked. There are several different areas where guys converse, each with its own unwritten rules. The main stage is the locker and bench zone, where unrobed conversations take CONTINUED


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vailable in these light flavors: Lemonade,
The Coca-Cola Company. "Minute Maid" and

place within earshot of anyone who happens to be nearby. There's a lot of trash talk and one-upsmanship, more about sports than anything else—although, interestingly, it's rarely about the sports that the guys just played. It's usually about pro sports that they recently watched (or have an opinion on even if they didn't).

Besides the sports talk, you also hear occasional outbursts of what I call competitive praise. Two guys, generally 50-plus, will stand there hurling compliments at each other—"you look great," "no, no, *you* look great"—until one has managed to aggressively out-flatter the other. The fact that they're buck naked and demonstrably do not look great just makes it all the more entertaining.

Then there are the whisperers. Although I understand wanting to create a little privacy in this nakedly public setting, their whispering becomes so conspicuous that everyone immediately wonders what they're plotting. And sometimes the wondering is justified. Just a couple of weeks ago a guy with a locker near mine was indicted.

I especially distrust the whisperers because there are so many other places in the locker room where you can talk more privately. If you and your friends manage to get the steam room or the sauna to yourselves, either is a great place to talk—until an interloper arrives. Then the situation usually becomes too awkward for anyone to say anything.

My favorite place is the whirlpool, which bubbles loudly enough that it serves as a watery cone of silence. Our whirlpool is rectangular, so groups of three or four can huddle at either end and, as long as no strangers wander into your whirling space, it feels pretty private. Whirlpool time can be sacred: In our regular basketball group it's not uncommon for guys who are hurt and can't play to show up just for the whirlpool chatter.

I brought up my theory of naked-male communication in the whirlpool recently. One of my basketball buddies immediately said, "Bulls—. Men don't talk to each other any differently when they're naked. In fact, they never talk *to* each other at all. They only talk *at* each other."

I tried to get him to shut up long enough for him to admit there was some truth to that (for both men *and* women), but he was too busy pontificating on why his single social life caused him to miss a recent morning game. "The only thing I want to see that early," he said, "is coffee, the paper and tits."

"I *so* want to be you," shot back one of the married guys.

In all fairness I've heard naked guys say wonderfully moving things about their wives and families—things they'd probably never say *to* their wives and families. One of the most amazing moments I ever saw was the outpouring of support for one of our favorite yakkers, a 50-year-old guy who suffered a stroke after playing the early-morning full-court game. People he barely knew visited him in the hospital, and one club regular—a former pharmaceutical executive who seems to have actually retired to the locker room (he's always there, and nobody has seen him get dressed in almost a year)—started a betoweled fund-raising drive. We paid the injured guy's gym membership for the next few years as he rehabs.

Whirlpool time can be sacred. It's not uncommon for guys who can't play to show up just for the chatter

Every once in a while, moving confessions come out in unpredictable ways.

Recently a guy a few lockers down from mine, clad only in socks, asked me very casually what my plans were for the evening. I told him my wife was out of town for a few days, visiting her parents.

"So you're a bachelor," he said. And I thought I knew there this was headed. But actually, I was wrong.

"Well, don't do anything stupid while she's away," he implored. "It's not worth it. Believe me. I know."

I found this moment so unexpected and poignant that, afterward, when I called Diane, I temporarily suspended the court-recognized right of naked-guy privilege and shared the exchange with her.

"It sounds like you guys have your own version of the *Ya-Ya Sisterhood*," she said.

I told her I think of it more as the Yada-Yada Brotherhood. And I'm proud to be a member.

Next month: How men feel about socializing

Have questions or comments for Stephen Fried? E-mail him at lhj.heartofahusband@meredith.com. You can also catch up on his past columns at www.lhj.com/stephenfried.

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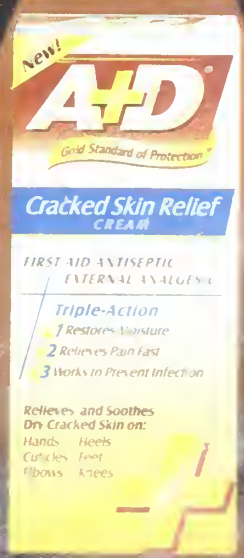
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Gibson at work cheering up a group of California school kids

A *Great* Great Dane

Gibson is the world's largest dog, but he's actually more famous for his very big heart

Smiles and lighthearted play were visibly missing last November at Eugene Padan Elementary School, in the small Northern California city of Vacaville. A month earlier a speeding driver had crashed into a crowd near the school, killing two students and injuring 10 other people—and leaving behind widespread trauma and grief. Then teacher Maureen Colombara read a newspaper story about a Great Dane named Gibson who specialized in cheering up the sad and sick, and she sent an e-mail. "Smiles are what we do," responded Gibson's owner, Sandy Hall, 59, of Grass Valley, 90 miles away, who agreed to bring the dog to visit the school.

The hundreds of kids gathered in the multipurpose room gasped at the sight of the 3-year-old harlequin Great Dane. Gibson is a big dog: He weighs 175 pounds and stands close to 43 inches high at the shoulder. On his hind legs, he is a staggering 7-foot-2. As Gibson did his thing, offering himself to be petted, shaking hands and emitting a gruff bark that sounded remarkably like "I love you," the kids forgot their grief for a moment and finally laughed once again.

That's the Gibson magic. Since he was scarcely more than a pup he has won hundreds of fans through his work as a therapy animal, visiting patients in children's hospitals, nursing homes and Alzheimer's care units. The month he visited Padan Elementary, he had just won a new kind of fame. Representatives from *Guinness World Records* came to certify him as the planet's tallest dog. Gibson seemed to glow with pleasure at the attention. "He's a big ham," says Hall. "He loves the lights."

Hall knew Gibson was special almost from the start. She has bred Great Danes since the 1980s and owned Gibson's mother. He was the firstborn of her first litter of 12. As happens occasionally, the shock of the birth panicked the dog, and she got up and ran, which tore the emerging puppy's umbilical cord. Hall held him in her arms for three days to keep him from bleeding to death, "and that was it. We were bonded." A musician for decades before breeding dogs, she named the puppy Gibson after her favorite guitar and decided to keep him. Gibson's mother had been a CONTINUED



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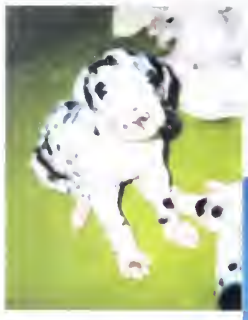
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At 4 weeks of age, left, Gibson's paws were already huge; by age 2, he towered over owner Sandy Hall while "standing"



relatively petite 31 inches at the shoulder and 115 pounds; his sire was around 37 inches and weighed 160, the high end of normal. The new pup wasn't especially large . . . at first. But by 4 months "he had huge paws and so much extra skin people thought he was a shar-pei," Hall recalls. "I took him to the vet to see if something was wrong with him." There wasn't. By 1 year, he was 40 inches high, "noticeably huge," says Hall. It was around that time that she began taking him with her to visit her mother, who was in a nursing home. "People would go crazy over his size, and he was so well behaved that someone asked me if he was a therapy dog. When I said no, they suggested I get him certified as one."

The suggestion made sense. At 8 months the dog had displayed not just gentleness but also a maternal side. Gibson's mother had just given birth to another litter, and he watched over her nursing. "When she got out of the whelping box, he got in and let the puppies suck on his belly until they fell asleep," says Hall, who was floored. She had never seen a male dog do that.

Hall's work with Gibson was rigorous. "He not only had to learn to sit and stay—no matter where I was or what I did—but he also had to learn not to lick people, because that could be a problem visiting someone who was on oxygen," she says. "And socialization was crucial. I ran the vacuum, turned up the TV and stereo and took him to parades with booming drums and festivals where there were crowds and lots of noise. The certification test is more than four hours of evaluation. Gibson passed on his first try."

From then on the dog's size, outgoing nature and sweetness kept him in demand. "Hi, I'm Sandy and this is Gibson, and we're here to make your day a little brighter," Hall would sing out as she entered a hospital or home. Autistic children would emerge from their solitary worlds to reach out to Gibson. Kids who weighed less than 22 pounds would sit on him. Even small miracles occurred. "We visited a man in his 20s who'd been a quadriplegic from a motorcycle accident years before," Hall remembers. "He couldn't move, but he was very responsive to Gibson. One day we visited on a holiday, when his family was around. As we turned to leave, I heard the family screaming, 'Oh, my God!' My first thought was that Gibson had done something wrong. But the man hadn't wanted us to go, and he'd crooked his pinky at us. It was the first time he'd moved in eight years."

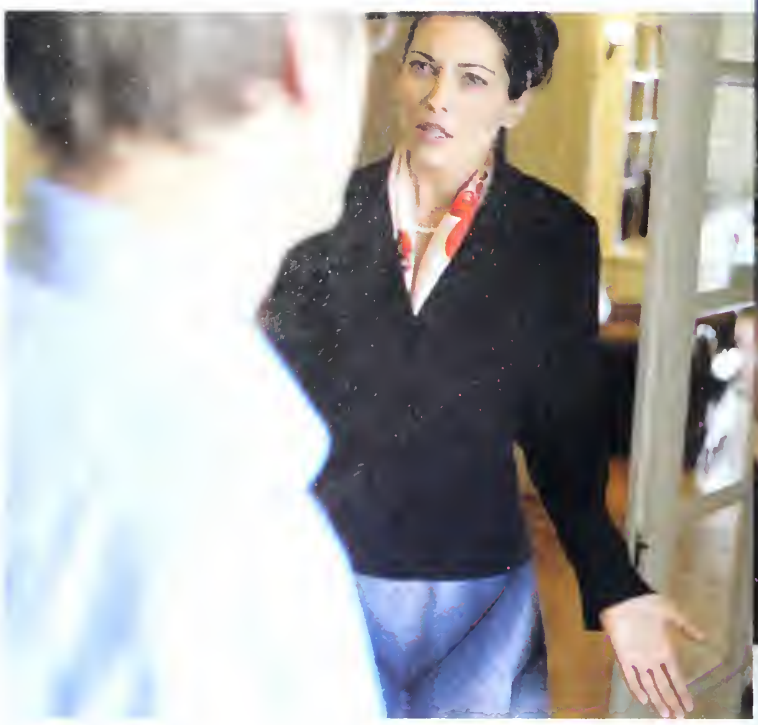
Today Gibson's fame has grown to include appearances on *The Tonight Show*, and he has his own Web site: *www.gibsondog.com*. When he's not working, he relaxes at Hall's 2-acre ranch, where he shares space with a 37-year-old horse, a pet goat, one of his littermates and her puppy. (Hall, a widow, calls the animals her family.) Although Hall likes to tell kids "that Gibson got big because he drank elephant milk and ate his veggies," he thrives on a daily diet of more than a pound of cooked chicken mixed with around 10 cups of kibble. And while most male Danes reach their full weight by age 3, Gibson is *still* filling out. Hall believes that ultimately he'll weigh as much as 215 pounds. Calls requesting Gibson's presence are constant, but therapy dogs' owners aren't compensated for their work, and keeping up with demand has become a struggle for Hall, whose dog-breeding business is her sole source of support. Her truck broke down last year, and she now transports the dog in a 1983 Oldsmobile, but the only way he'll fit is with both windows open so his head can stick out one side, his tail the other.

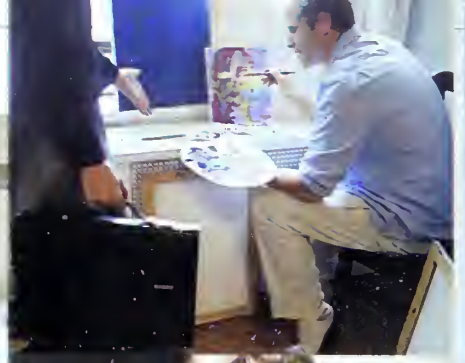
Does Gibson understand how much he means to others? Hall's convinced that he does. "You should see him when he goes to work, doing his tricks and inviting people to reach out and pet him," she says. "He knows he's making people happy."

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"He's So Needy, It's Making Me Crazy"

Her turn: "I feel as if I'm the male in this relationship and my husband is the female because I need my space and he needs a lot of attention and affection,"

says Marlene, 44, the mother of three sons from a previous marriage, only one of whom is still at home. "I'm a litigation attorney, so my days are pressure packed and followed by a long commute from Boston back to our small town. Roy is an art teacher at our local high school, so typically he gets home by 3 P.M. and spends the rest of the afternoon working on one of his paintings. To be fair, he usually makes dinner, but he leaves the kitchen in such a mess it drives me crazy. But what he really doesn't get is that I need to decompress when I get home. He starts babbling before I even get inside the door. And he follows me from room to room.

"Weekends are worse. He wants to do everything with me—from grocery shopping to errands to my early-morning run. If I tell him I want to do these things alone, he looks hurt. The more he smothers me, the more I want to push him away.

"I feel as though I have another child. He's a very talented, creative guy, but I have to remind him of appointments. He never finishes projects, like mowing the lawn or cleaning the gutters, and he's hopeless as a handyman. Anything that needs fixing, I fix. I pay the bills and drive us everywhere because he gets nervous behind the wheel.

"Then, if this weren't bad enough, he's having trouble performing sexually—something that was *not* a problem when we were dating. I thought spicing things up might help, so I bought a video to give us ideas. That made him more nervous. He got a prescription for Viagra, but apparently it doesn't help if the man is not in the mood.

"I foresaw none of these problems when Roy and I were dating. My first husband was a businessman who was bossy and domineering, so I was thrilled to be in a relationship with a sweet, kind man who adored me. Roy had taught art to all three of my sons, so I knew him from CONTINUED

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parent–teacher conferences. He'd always been Mr. Wilson to me. Then three years ago when my youngest son, Carl, was in ninth grade, a mutual friend set us up. It was a blind date on my end—my friend told me that a 'great guy' would pick me up. He also said that this mystery man already knew me and was eager to know me better. The day of our date, a gorgeous bouquet arrived at my office; the card was signed 'Mr. Wilson.' I was flabbergasted but very flattered.

"From the moment he arrived that night, our conversation just took off. Roy told me how devastated he had been when his first wife left him for an international businessman, then moved to Europe with their only child. His daughter is 27 now and he feels he barely knows her. He said being close to his students helped compensate for her absence. Then he told me a wonderful story about Carl, who'd been a reluctant art student but blossomed when Roy pointed out the connection between perspective and science. That's the moment I got hooked. What a refreshing change from my angry, self-centered ex—or, for that matter, my equally angry and self-centered father, a police officer who barked orders at his family as if he was still on duty. I began thinking how great it would be for Carl to have a positive male role model. Sadly, it's too late for my two older sons, who are already in college.

"We started seeing each other practically every day. Three months into the relationship, he proposed with a gorgeous ring he'd designed himself—a center diamond encircled by rosettes of other gems. The kids were delighted to have 'Mr. Wilson' as a stepfather. On our honeymoon, in Paris, Roy acted as my personal tour guide at the Louvre. As we strolled along the Left Bank, the sight of Parisian couples walking hand in hand and kissing inspired us to do the same. It was the most romantic time of my life.

"But trouble started the minute we got back. Roy had the summer off, while I had to go right back to the office. I'd come home to his clinging vine routine—as well as dirty socks on the floor, spices all over the countertop and pots and pans in the sink.

"One positive note is that Roy is really good for Carl, just as I'd hoped. They like to kick a soccer ball around in the backyard, and Roy has been helping Carl with his college applications. That's great, but it doesn't make up for all the problems. I was swept off my feet by Roy's romantic gestures, but now I'm feeling suffocated by his need for togetherness. Plus, I'm not having great sex, I have to clean up after him and I'm stuck with all the guy chores. He says I'm the love of his life and will do anything to improve our marriage. But most of the time I just wish I had my old, peaceful life back."

> "When I get home, he follows me from room to room. It's as if I have another child"

His turn: "I'm terrified that Marlene is going to leave me because I can't satisfy her anymore," said Roy, 49. "We thought Viagra would help, but all I got was a headache. There I was with my beautiful wife in her sexy nightgown. You'd think I'd be turned on but it was just the opposite: I panicked.

"For the entire three years we've been married, I've felt I can't do anything right. For example, I like to have dinner ready when she gets home after a long day. But instead of being pleased, she makes a scene about how the garlic salt is still on the counter. Frankly, I don't think leaving spices on the counter is a major crime.

"When we were dating, Marlene made me feel special and important; now she can barely stand having me around. If I start a conversation, she walks away. If I follow her, she shoots me dagger looks. What is that about? Aren't a husband and wife *supposed* to be involved in each other's lives?

"So what if I'm not much of a handyman? When I was single I paid a neighbor's son to mow the lawn and clean the gutters and I'd call a plumber if the toilet broke. To me it's worth paying for chores like that. But in her five years as a single mom, Marlene and her boys always did everything themselves. A couple of weeks ago I agreed to clean out the gutters but got interrupted by a phone call from a student's mother. By the time I got off the phone, I'd forgotten about the gutters. When Marlene got home, the ladder was still leaning against the house and the gutters were half-cleaned. She launched into a tirade about how irresponsible I am and how I might as well be one of her kids. Then she started in about how she's the one who pays all the bills and does all the driving. I was stunned. How was I supposed to know those things bothered her? Am I a mind reader?

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"This situation is alien to me because my parents were always loving and respectful to each other. They also adored me, their only child, rooting for me at every soccer game, driving me into Boston for art lessons at the Museum of Fine Arts. I simply lack experience with conflict. Even my divorce from my first wife was amicable.

"After my divorce I threw myself into my teaching and used my spare time to paint. I've shown my work locally, but my dream is to someday have a show at a gallery on Newbury Street in Boston. I dated occasionally but nothing serious. I figured I'd never remarry.

"Then my friend Joe, the shop teacher at school, said he wanted to set me up with Marlene, whose son Carl is friends with Joe's son. I was a little intimidated because she's this hotshot lawyer but I was definitely interested.

"Joe didn't tell her who her date was, but I wanted her to know. So I sent roses. That first night, we talked for hours and when I dropped her off, I got brave enough to kiss her good night. Oh man, my socks melted! I knew right then and there I wanted to marry her. Three months later, I proposed and she was ecstatic over the ring I designed. Everything seemed perfect.

"But it hasn't played out that way. Look, I'm willing to change. If it matters that much, I'll straighten up the kitchen and clean out the gutters. But how do I deal with the fact that she wants nothing to do with me? The other night she went up to bed to read, so I got a book and came up to bed, too. She let out a huge sigh. *Jeez*, I'm her husband! I live in the same house. I sleep in the same bed.

"Our sex life is our toughest problem, of course. The other day I got out a sex video she bought a while back and studied it. But watching just gave me an anxiety attack. All I could think about is how inadequate I am. I'd hate to lose Marlene, and I'd also hate not to be a regular part of her kids' lives, especially Carl. I missed out on fathering my own daughter, so I'm grateful for this small second chance with a stepson. Even so, maybe I should just go back to being good old Mr. Wilson, the hermit."

"Marlene used to make me feel special. Now she can barely stand having me around"



The counselor's turn: "Marlene's assertion that she and Roy had swapped gender roles had a lot of truth to it," said the counselor. "As a single mom Marlene had learned to function as both a father and mother to her sons. She was used to being independent and in charge. Yet the only models she had for this were a domineering father and a first husband who was very much like her dad. She constantly criticized Roy and demanded that he do things her way. He ended up feeling as though nothing he did pleased her, which in turn contributed to his inability to please her in bed."

"When Roy told me he had tried Viagra to no avail, I wasn't surprised. An erection won't happen just because a man takes medication. Roy was tested before seeing me to rule out any physical problem (he is perfectly healthy).

"I explained to the couple that Roy's performance anxiety stemmed from a fear of failure, and that the more Marlene set the mood with pretty lingerie or sex videos, the greater the demands on Roy. Marlene gasped when she heard that. 'I thought those things would help him relax,' she said. At that point, I suggested that they lower the pressure by being intimate in bed without the goal of intercourse or orgasm.

"Roy was silent for a long time. Finally he said softly, 'You're so beautiful and I love you so much. It just kills me that I can't give you pleasure. That's why the more you show me that you want it, the more scared I get that I won't be able to do it.'

"Marlene blinked back tears and reached for Roy's hand. 'Oh, honey,' she said.

"'I know I haven't been pleasing you out of bed any more than in bed,' he told her, blinking back tears himself. 'Believe me, I want to do something about that.'

"This was the perfect segue into the other issues that were tearing these two apart. Writing on a board I keep in my office, I asked them to rank their three most salient nonsexual problems. They actually burst out laughing when they CONTINUED



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realized that each expressed the same issues in the same order, but from opposite viewpoints. Marlene's first complaint was that Roy follows her around and never gives her a minute to herself. Roy's was that Marlene tries to escape from him and never wants together time. Second on Marlene's list was Roy's failure to clean up after himself; second on his was that Marlene doesn't appreciate his cooking dinner and makes a big fuss about the mess. Marlene's third gripe was that Roy doesn't do 'guy work' around the house; Roy's was that Marlene expects him to do chores he'd rather pay for.

"When they read these issues out loud, they admitted they were pretty trivial. I told them I wanted to spend the next several sessions teaching them to choose their battles. For example, Marlene could focus on her primary issue, not having enough 'space,' and ease up on Roy's messiness. Roy could listen to Marlene's reasons for wanting time to herself so he wouldn't feel personally rejected. That's when Marlene collapsed in tears. When she regained her composure, she said, 'Now that we're talking about stuff like needing a minute to myself or wanting Roy to clean up the kitchen, I realize there's more to it. I'm so tired of being the only adult in charge. When I got married, I thought I wouldn't have to hold the reins anymore. I wanted somebody to take care of me.'

"Roy put a protective arm around her shoulder. 'I'll take care of you,' he whispered. 'We'll work this out.' I was delighted by this exchange because I believed that if Roy could feel like Marlene's hero in some way, his ability to perform sexually would improve.

"I instructed the couple to use the 'listing' technique at home, with paper and pencil. They came to the next session with big smiles. 'It was really funny, but the minute Roy agreed to stop tagging after me, I kind of missed it,' Marlene admitted. 'I'd spend a few minutes upstairs changing into my sweats and then I'd be looking for him. I understood for the first time how lonely I'd been during those five years on my own.' As for Roy, he realized the key was Marlene's making that choice on her own.

"Over several months Marlene and Roy worked through their other issues. In my office, with me as the mediator, I taught them to avoid contempt, criticism and stonewalling in their discussions with each other. They agreed that if Marlene needed to have Roy stop talking and give her some time to herself, she should say exactly that in a polite way. I also encouraged Roy, who is garrulous compared to Marlene, to be a bit more succinct.

"At one session Marlene conceded that it was okay to pay for chores; she also admitted that, despite her complaints, she actually liked being in charge of the family finances. Roy began making an effort to tidy up the house before Marlene got home. As a result,

> "Once Roy could feel like Marlene's hero in some ways, his sexual anxiety eased"

they both began lookin forward to the dinner hou (as did Carl, since Marlen and Roy were no longer si ting in stony silence).

"The best news was tha with every improvement i the relationship, Roy's pe formance anxiety eased Finally, at one session Marlene confided that Ro had been his lusty old se not once but twice tha week. Roy nodded. 'What made the differ ence was when she told me spontaneousl one day that she loved me.'

"'Such a simple thing,' Marlene admi ted, smiling broadly. 'But I couldn't say until I meant it. And now I do!'

"The last time I spoke to this couple, Ro could scarcely contain his elation at havin achieved his dream of a solo show at a ga lery on Newbury Street. 'Now that we'r okay,' he said, ' I can be creative.'

"'This is his best work ever,' Marlene sai proudly, turning to her husband. 'I'd rathe have you spend your time painting tha cleaning gutters any day.'"



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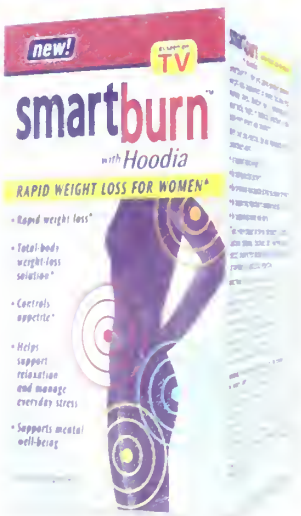


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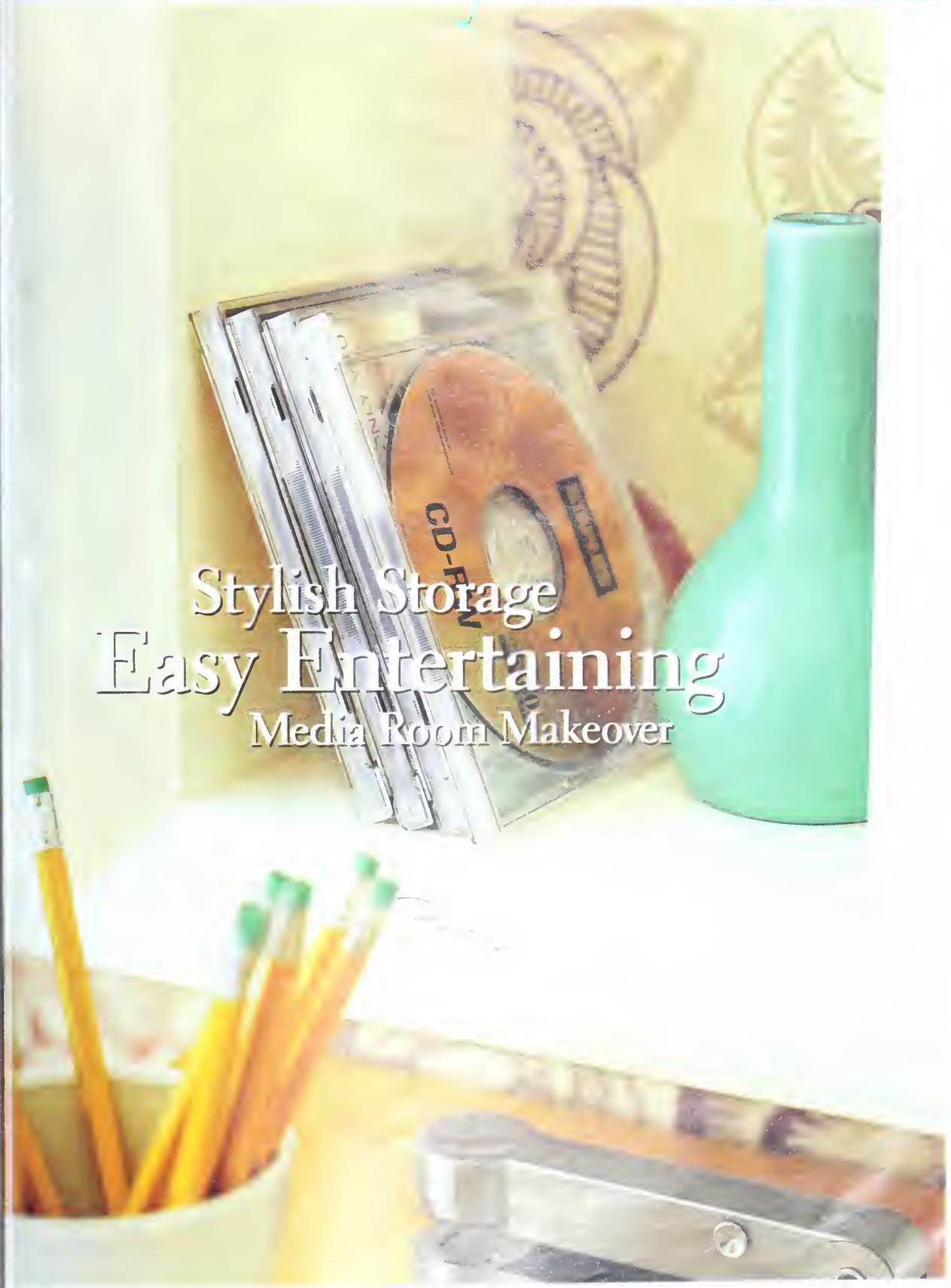
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Organize your family's growing music and movie collection with these stylish—yet hardworking—storage pieces

If your family is like most, you have a rapidly expanding collection of CDs and DVDs—as well as the predicament of where to put them all. Moreover than not, family CD collections tend to get "stored" in a teetering pile perched precariously next to the stereo system, with DVDs tossed at random in a drawer in the TV cabinet. But now it's easier than ever to integrate your movies and music into your home's décor, thanks to a growing selection of stand-alone pieces that make as much storage sense as they have style impact. Once you have chosen where you will keep your collection, think carefully about which organizational system makes the most sense for your family, whether to sort them by genre, alphabetically, or by artist or director. Finally, be sure to choose a storage system that leaves plenty of room for growth and put it somewhere that is not exposed to high heat or humidity, both of which can damage discs.

CONTINUED

PHOTOGRAPHED BY ANTONIS ACHILLEOS
PRODUCED AND WRITTEN BY KIERAN JUSKA
STYLED BY JAMES LELAND DAY

Out in the Open

Storing CDs and DVDs on open shelves makes them super accessible, which is ideal for a family that's always listening to music or popping in movies. Sandwiching an IKEA CD tower with two of its Billy bookcases, as we did here, offers the best of both worlds: full-size shelves to hold books and knickknacks and an extra-slim set of shelves for CDs and DVDs (shelf height can be adjusted in both units). The downside? Open shelves can start to look cluttered easily. Avoid this by breaking up the space visually: Stack some larger books horizontally and add a few favorite decorative objects, as we did here. Also, integrate some good-looking containers, like these baskets from Aero Studios and the polka-dot canvas open-top storage box from Hable Construction, to house smaller items. Rug, the Rug Company; sofa, Crate & Barrel; blue side table, Bungalow 5; pillow and lamp the Conran Shop; porcelain topiary (on upper-right shelf), Anthropologie

Behind Closed Doors

If open shelves are too difficult for your clan to keep tidy, a closed-door piece may be the way to go. This multimedia cabinet from Sauder can accommodate even the most avid movie and music fan's collection, with room for more than 200 DVDs or nearly 400 CDs. Each door has four shallow shelves perfect for disc cases, each with a lip to prevent them from sliding off. Full-size inner shelves can hold books and trinkets. With its clean country design and vintage off-white finish, the cabinet will look great in just about any family room, office or bedroom. Wallpaper, Waverly; chair, Mitchell Gold; pillow, Michele Varian; lamp and tall green vase, the Conran Shop; blue vase, Aero Studios; rug, ABC Carpet & Home; decorative objects, Anthropologie.



Hide and Seek

This solid-oak apothecary-style set of drawers from Cdrackem.com is ideal for a family that wants to hide their music collection in plain view. The simple, Asian-inspired design is versatile enough to fit into a modern or traditional décor and, at just under 2 feet tall and 3 feet wide, it's the ideal pick for smaller spaces. But don't let the compact size fool you: Its nine removable drawers hold up to 225 CDs. Filing away your CD collection in these small drawers also makes it virtually impossible for your collection not to stay neat—you can even create category cards to fit inside the drawers for easy sorting. And with its affordable price, you don't have to settle for just one: Several of these cabinets lined together against a wall would look great in a big space. Rug, the Rug Company; pillow, Michele Varian; framed print and green canister, Anthropologie; wooden bird (on floor), MoMA Store; throw (in basket), Hable Construction.





Do you need CD storage but don't have a lot of floor space to dedicate to it? Opt for wall-mounted shelving, now with more options than ever to choose from. This vertical storage box from Pottery Barn is designed to hold CDs and DVDs, but with its 8-inch-deep shelves and strong wall-mount system it's also substantial enough to hold books and other heavy objects. We hung a single box over a desk in a home office to house discs holding digital photos and other documents. But in a larger family room or study, several boxes mounted together not only would add storage space but also create a dramatic and stylish display. Wallpaper, Osborne & Little; stapler and scissors, MoMA Store; chair, West Elm; lamp, the Conran Shop.

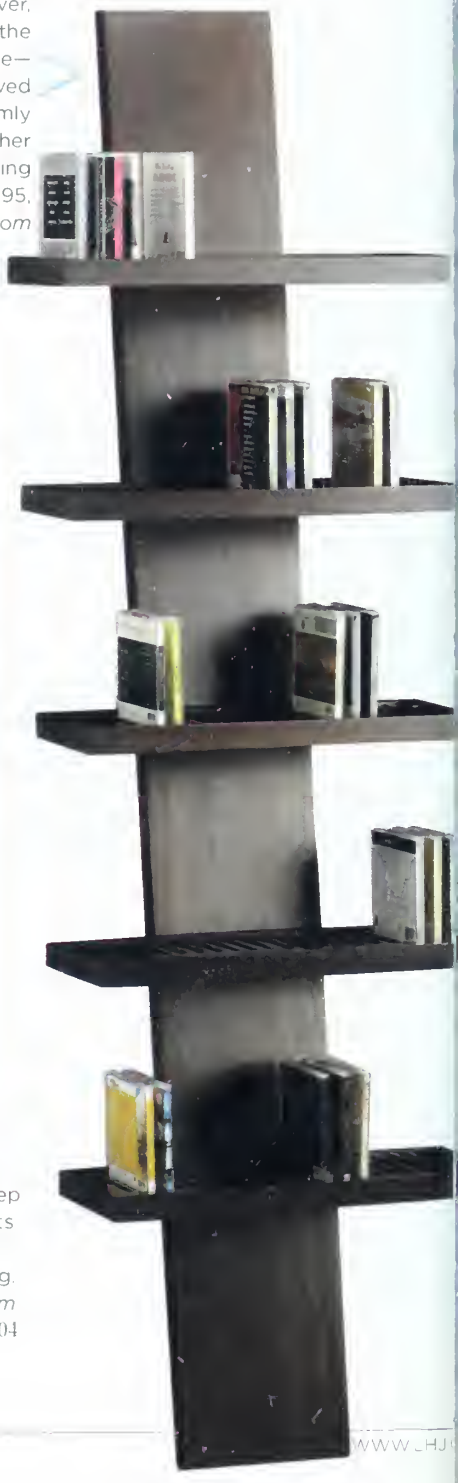
Smart Storage

More of our own picks for the best pieces to suit every style



In Plain View

Crate & Barrel's Leaning CD-Shelf Rack has a unique look and a clever, versatile design. Each of the five shelves is reversible—one side has a grooved surface to hold CDs firmly in place, while the other side is smooth for displaying books or objects. $99.95, *www.crateandbarrel.com*







For the serious music collector, this sliding windowpane-door media cabinet is roomy enough to hold a whopping 536 CDs. Five of the seven shelves are adjustable, so you can customize the interior to fit your individual needs. $249.99; *www.27thavenue.com*

IKEA's Leksvik CD cabinet blends style and functionality. Glass-front doors keep the cabinet's contents dust-free while still allowing easy viewing. $99.99, *www.ikea.com*

CONTINUED ON PAGE 104

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tting high cholesterol down important.

tors know lowering high cholesterol is portant for everyone. But for some people, even more important. In fact, a panel of dical experts recently proposed updated delines suggesting many patients aim for even lower cholesterol goal than before.*

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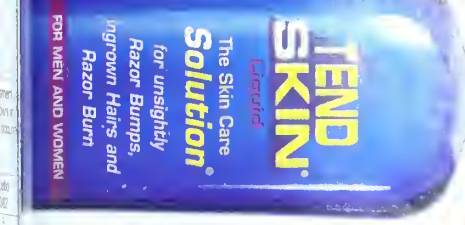
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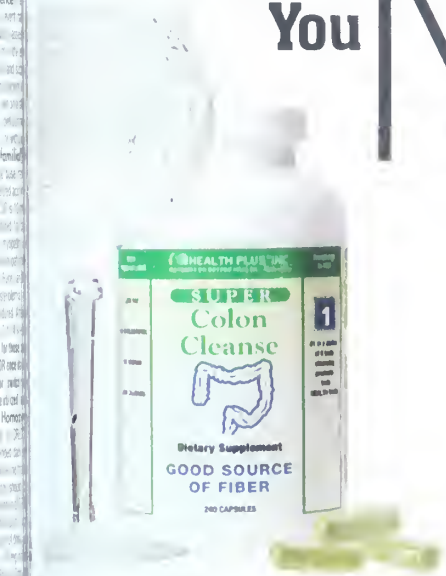
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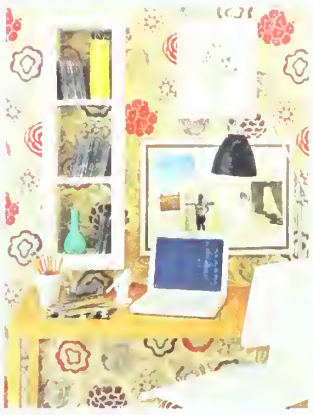




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Where to Find It, page 178



Wall Mount

With its three labeled cubbies, Pottery Barn's Providence storage shelf is an attractive way to keep CDs and DVDs where they belong. It can be hung on the wall or positioned on a desk or tabletop. $59; *www.potterybarn.com*



The open cubbyhole design of this CD organizer from Stacks and Stacks allows it to hold up to 360 CDs. It can be hung diagonally, or as a straight grid if you plan to display other objects along with your CDs. $85.99; *www.stacksandstacks.com*

Hidden Storage



This solid-walnut chest stores movies and music in style and, with its handcrafted construction and handsome iron drawer pulls, it's a work of art all on its own. $499; *www.crateandbarrel.com*





Bombay Company's CD pedestal is the ultimate media storage camouflage piece. When closed, it passes as a traditional decorative column, but behind the two side doors there is space enough for nearly 300 CDs. $179; *www.bombaycompany.com*



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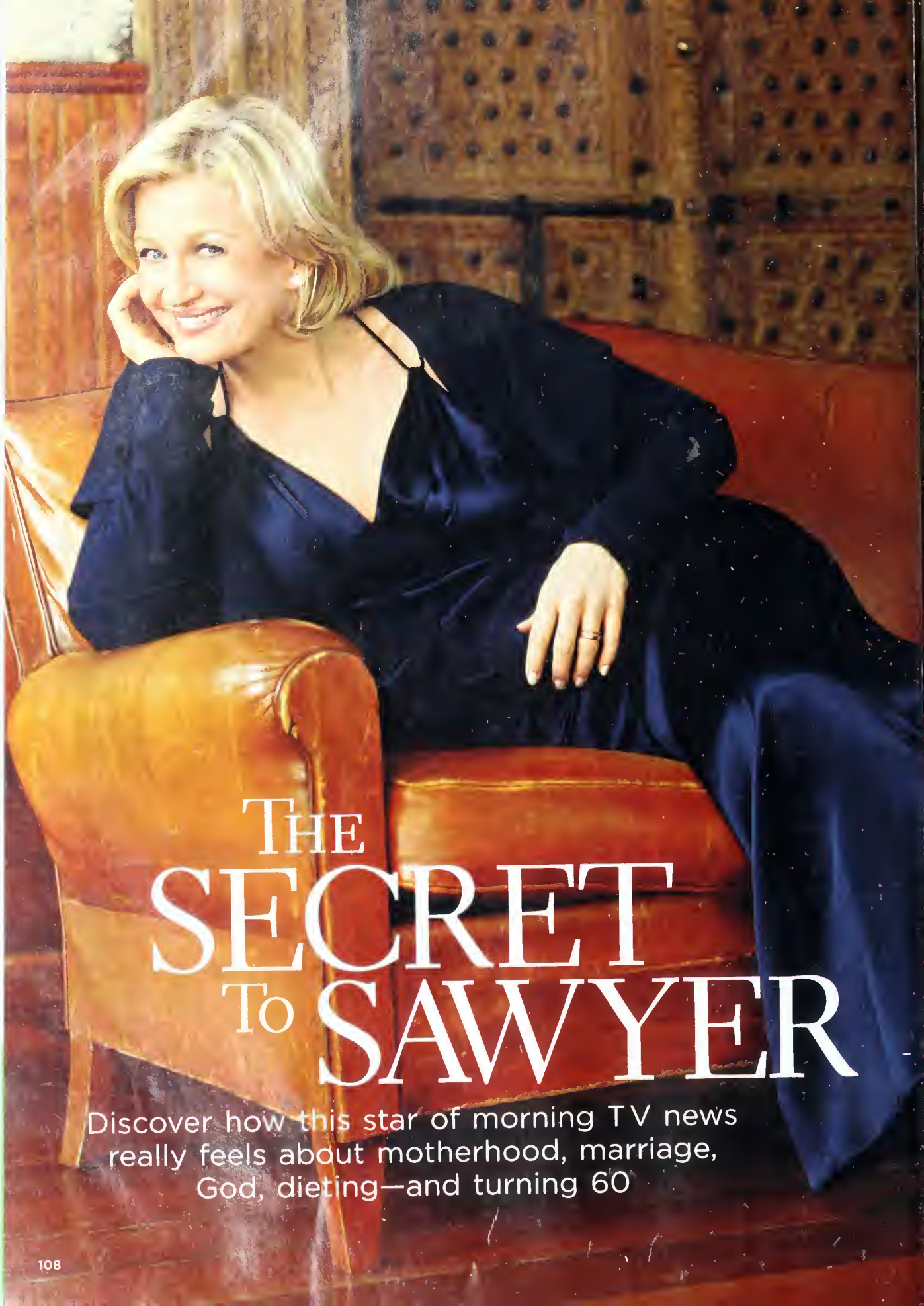
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Diane Sawyer's Secret to Serenity

Helping Hands

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THE SECRET TO SAWYER

Discover how this star of morning TV news really feels about motherhood, marriage, God, dieting—and turning 60



I am in the bathroom with Diane Sawyer.

Not a public bathroom with a lot of stalls, but a private one-person-occupancy bathroom—albeit a huge one, featuring white and gray marble, a spacious tub and shower stall and very dramatic acoustics. We are here, sharing the bathroom, because it is the warmest room (indeed, nearly sauna-like) in this downtown Manhattan photo studio, where Diane Sawyer has come to meet with *Ladies' Home Journal* directly after hosting *Good Morning America*. Settling into a wooden chair, Sawyer keeps her raincoat draped around her shoulders for still extra insulation and has changed out of the midnight blue gown she wore for our photo shoot into her own jeans and a lavender tailored shirt, the kind you might garden or paint your den in and not worry terribly much about its getting ruined.

"I'm never seen out of sweatpants or jeans after 9:01 A.M.," Sawyer says. "If people only knew how I dread hair and makeup and anything that feels like getting dressed up, how hard it is to get me into anything formal. I'm just basically the rattiest person you've ever seen. My inner slob is really the governing personality. I'd like to know what it feels like to be someone who is perfectly groomed, and who stays groomed. Because I grow progressively more deranged as the day goes on. I usually end up with paper clips in my hair and things stapled to me and those Post-it things on my shirt. At the end of the day, I am my own personal freak show.

"My husband [EDITOR'S NOTE: acclaimed movie director Mike Nichols] has finally figured out that I'm never going to wear the nice clothes he's tried to give me for 17 years. It was so CONTINUED

By
DIANE SALVATORI

Photographed by
NIGEL PARRY

said when the other day we were going someplace and he said, 'Would you at least wear your nicer sweatpants?' I thought, 'What have I brought this man to? This man who has dated all the most beautiful women in the world, and he's begging me for the nicer sweatpants!'"

Sawyer is so sincere you have to concede it must be true, but it strains credulity for any of the five million viewers of *Good Morning America*, over which she has reigned—with coanchor Charles Gibson, 62, and now Robin Roberts, 43—for seven years with such easy elegance and understated charm. Add to that the fact that she is one of the most incisive, driven TV journalists of her generation and you have the components that earn her so much viewer respect—and affection.

Ladies' Home Journal is meeting her today at an interesting crossroad. Peter Jennings, the longtime anchor of *World News Tonight*, died last August, prompting industry-wide musical-chair speculation over who would be anointed his heir. Sawyer has also just had a milestone birthday—60—a subject that seemed very close to the surface for her during our conversation. So were the relationships in her life—with her friends, her cohosts, her stepchildren—but most prominently with her husband.

Diane Salvatore: Were you interested in replacing Peter Jennings?

Diane Sawyer: [*Laughs*] No, I truly was not. I said to everybody, okay, let's get this straight. For seven years I've said no, I didn't want to do the evening news, and then suddenly . . . no, I did not.

Salvatore: Well, people don't always believe women when we say no.

Sawyer: No, they don't. I know that there were a lot of complicated things, and I don't know the whole story. But I know Charlie [Gibson] would have been great, would have been beautiful at it. I know he had a lot of consideration. This is a great team [coanchors Elizabeth Vargas, 43, and Bob Woodruff, 44; shortly after this interview, Woodruff was seriously injured in an explosion while covering Iraq. ABC made plans for Sawyer and Gibson to take turns filling in for him]. They are going to be fantastic at it. Everyone felt secure that there were Bob and Elizabeth standing by. So it was nice to have the option.

Salvatore: Did Charlie Gibson ask for your counsel on that decision?

Sawyer: No.

Salvatore: Did you offer it uninvited?

Sawyer: [*Laughs*] I did a little bit. Who hasn't had my counsel uninvited? I really should go out to Times Square and put up a shingle and say, "Anything you want advice on," because I am full of gratuitous advice.

Salvatore: Robin's role on *GMA* has been a big change. What's that been like for you?

Sawyer: She's just so free and she's so funny. She could not care less if what she says is going to make somebody gasp or not. It's like having another sister suddenly come into my life, someone who knows what you're thinking, who knows how to console you, who can look across the floor at you when something is going wrong and swoop in and help you out.

Salvatore: Do you and Charlie Gibson socialize outside the office?

Sawyer: We are good friends. Charlie and Arlene drop over at the house and have lunch every now and then. But we don't tend to plan a whole lot of things, because we all know that the minute we leave the office after these long weeks, everybody needs their privacy. So I think there's a kind of tactfulness with each of us about it.

Salvatore: Are women taken seriously as authority figures? And if they are, do they have to behave a certain way?

> "I'm a searcher. I love the grappling. In that dialogue between doubt and faith, something wonderful happens"

Sawyer: I think we've really broken down a whole lot of the artificial barriers. Women can be seen as authoritative in news. There's nobody who has the power and credibility of Christiane Amanpour [of CNN] in a war zone. In investigative journalism, a lot of us have been out there knocking down doors and showing that we do that, too. It's a little different in business and government, still. I think there are far more intricate calculations about all that in business and government. But for news, people want the real thing. They don't care if it's male or female.

Salvatore: Actually, there's a new report that says there's more women in the local news pipeline now than men.

Sawyer: I like to think that women have made it really comfortable for women. In terms of mentoring. In terms of solidarity. In terms of getting together at the end of the day and laughing about the ridiculous things that went wrong. As soon as you reach that critical mass with women, that tipping point, where you feel comfortable in a room, then you watch women circle around and help each other a lot. CONTINUED

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Salvatore: If we had a woman president one day, what do you think would be the pros and cons, just by virtue of gender?

Sawyer: Running for office is a little trickier, because you're on the frontier, and you have to navigate by new instruments. So much is expected in a campaign in terms of assertiveness, and whuppin' up the faithful. Those are more complicated things for women to do, just stylistically. I think governing will be the same.

Salvatore: Do you think you'll see a woman president in your lifetime?

Sawyer: Oh, absolutely. No question. I think something shifted. We don't see strength as masculine exclusively anymore. We don't see will as testosterone-laced. We see all of these characteristics in women. But I do think perhaps that people hope that women will do something about a war-torn world. Now, we don't know that women will be any more or less of anything in office. But I do think there's such a yearning for a less bellicose and territorial world.

Salvatore: Do you imagine yourself running for office? Does Senator Sawyer have a nice ring to it?

Sawyer: No. I worked in the White House. I loved Washington. I loved everything I learned, but it seems to me, at this point in life, it's really important to do something new. I'm an adventure junkie. It's got to have the feeling of racing downhill on the luge. I don't want to race uphill.

Salvatore: There are a lot of different currents out there now, from the success of satirical news reports to memoirs that aren't fact-based to blogging. Are you concerned that truth and accuracy are something of a moving target, and that this is going to wash up on the TV news shores in damaging ways?

CONTINUED

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Sawyer: I am concerned that we who believe in faithfulness to researched and second-sourced facts stand for something. Everything is changing, and in the course of it, sometimes the audience is not so clear that our purpose is different. You can't argue to people that some of these blurred lines are not interesting, however frightening they might be. What you can do is retrench in your purpose and show people that you've got something you're going to get done that can only be got done with hard, true facts. The rest to me is a form of entertainment. I love the multitude of it. But at the end of the day, people will learn to test what's true and what's not true, and be skeptical where they should be. What worries me the most is that we have to be real again. We have to get rid of our teeny little sound bites that don't tell you anything. And when we do that, then those lines will take care of themselves.

Salvatore: Who are you still burning to interview?

Sawyer: I think everyone wants to know Camilla Parker Bowles better. And I am very intrigued by Kim Jong Il [the North Korean leader]. He is on the top of my list.

Salvatore: If you could change places for a week with anyone in the world, who would it be?

Sawyer: I love my life way too much to change—I'd hate to miss a week! *Hmmm . . .* I do think it would be wonderful to know how to play tennis like Venus Williams. I think it would be great to know the thrill of being able to sing or dance beautifully.

Salvatore: And if you could cast yourself on any television show right now, what would it be?

Sawyer: I don't know. I am such a bad actress. My husband will tell you. I always say to him, "Do you think I could do it?" He just says, "No. The answer is, you could not do it."

Salvatore: It would be hard to argue with him on that point.

Sawyer: Yes. I've actually had dreams about this. Like *I Love Lucy*. Remember when she used to show up at Desi's nightclub? And I show up in Mike's movies. It's just horrible. *Horrible*. The crew is embarrassed, and he's embarrassed, and everyone's being nice to me—and I can't do it! I don't know how to do it. I suppose it's a dream about my job . . .

Salvatore: A little performance anxiety?

Sawyer: Yes. But it's also something else. I usually get in over my head if at all possible. I believe in getting in over your head. And so it's the sense that: I've finally done it now. I've embarrassed my husband!

Salvatore: Does he watch *Good Morning America* and give you feedback?

Sawyer: He does. He watches a lot. He's a big fan. He's very uncritical. I would say about three times a year he'll tell me something. Sometimes he'll say, "You were way too perky this morning. Were you tired?" Because when I'm really tired, I overcompensate. Everything is so interesting to me! He'll call in sometimes and he'll say, "Take it down a notch—you're too tired for what you're trying to do."

Salvatore: You've said in the past that if you might have had another career, it would have been as a poetry teacher. Are you still a poetry reader?

Sawyer: Well, people still send me poems and I do love them. Everybody knows that I can basically be bought for a poem. My husband read me an Elizabeth Bishop poem last night. My sister gave me a Wislawa Szymborska book. She won the Nobel Prize for Literature in 1996. It's deceptively simple. Then you start reading that, and they put you around.

> "I think a good mother is a heavenly thing to see. Maybe I revere it in part. I always have to wonder how I would be"

In fact, I just got together for my 60th birthday with college friends who were also having their 60th birthdays and afterward one of them sent me a most wonderful poem about your life changing as the year changes.

Salvatore: Did I hear a little pause there before you said "60"?

Sawyer: I just think it's hilarious. I think it's the single biggest joke anybody has ever played on me. It's funny and great, and an adventure.

Salvatore: What did Mike Nichols get for you?

Sawyer: He got me a fantastic bicycle. Everybody's scared to death! I barrel out with my helmet and go streaking around the park. But I love it. I was out almost every day this past week.

Salvatore: Would we recognize you?

Sawyer: Probably not. Because again, I'm usually in fuchsia sweatpants and I look like some refugee from the Fashion Police. It is a little dangerous, careening around, and I do have a habit of not paying attention and occasionally running into trees. But it's thrilling, because you see everything in a new way and every little hill becomes a personal challenge. And that's part of the 60 thing. CONTINUED ON PAGE 118

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ortant information: WELLBUTRIN XL is not for everyone. There is a risk of seizure when taking LBUTRIN XL, so don't use if you've had a seizure or eating disorder or if you abruptly stop using alcohol or atives. Don't take with MAOIs, or medicines that contain bupropion. When used with a nicotine patch or alone, there risk of increased blood pressure, sometimes severe. To reduce risk of serious side effects, tell your doctor if you liver or kidney problems. Other side effects may include dry mouth, nausea, difficulty sleeping, ness, or sore throat. WELLBUTRIN XL is approved only for adults 18 years and over. In some children and teens, depressants increase suicidal thoughts or actions. Whether or not you are taking antidepressants, you or your ly should call the doctor right away if you have worsening depression, thoughts of suicide, or sudden or severe nges in mood or behavior, especially at the beginning of treatment or after a change in dose (see Patient Information: *t is important information I should know that before talking with my family about taking antidepressants?*).

ults may vary.

Please see Medication Guide and Patient Information on following page.

WELLBUTRIN XL® (WELL byu trin XL)
(bupropion hydrochloride extended-release tablets)

Medication Guide

About Using Antidepressants in Children and Teenagers.

What is the most important information I should know if my child is being prescribed an antidepressant?
Parents or guardians need to think about 4 important things when their child is prescribed an antidepressant

1. There is a risk of suicidal thoughts or actions
2. How to try to prevent suicidal thoughts or actions in your child
3. You should watch for certain signs if your child is taking an antidepressant
4. There are benefits and risks when using antidepressants

1. There is a Risk of Suicidal Thoughts or Actions

Children and teenagers sometimes think about suicide, and may try or report trying to kill themselves. Antidepressants increase suicidal thoughts and actions in some children and teenagers. But suicidal thoughts and actions can also be caused by depression, a serious medical condition that is commonly treated with antidepressants. Thinking about killing yourself or trying to kill yourself is called *suicidality* or *being suicidal*. A large study combined the results of 24 different studies of children and teenagers with depression or other illnesses. In these studies, patients took either a placebo (sugar pill) or an antidepressant for 1 to 4 months. ***No one committed suicide in these studies*** but some patients became suicidal. On sugar pills, 2 out of every 100 became suicidal. On the antidepressants, 4 out of every 100 patients became suicidal.

For some children and teenagers, the risks of suicidal actions may be especially high. These include patients with

- Bipolar illness (sometimes called manic-depressive illness)
- A family history of bipolar illness
- A personal or family history of attempting suicide

If any of these are present, make sure you tell your healthcare provider before your child takes an antidepressant.

2. How to Try to Prevent Suicidal Thoughts and Actions

To try to prevent suicidal thoughts and actions in your child, pay close attention to changes in her or his moods or actions, especially if the changes occur suddenly. Other important people in your child's life can help by paying attention as well (e.g., your child, brothers and sisters, teachers, and other important people). The changes to look out for are listed in Section 3, on what to watch for. Whenever an antidepressant is started or its dose is changed, pay close attention to your child. After starting an antidepressant, your child should generally see his or her healthcare provider

- Once a week for the first 4 weeks
- Every 2 weeks for the next 4 weeks
- After taking the antidepressant for 12 weeks
- After 12 weeks, follow your healthcare provider's advice about how often to come back
- More often if problems or questions arise (see Section 3)

You should call your child's healthcare provider between visits if needed.

3. You Should Watch for Certain Signs If Your Child is Taking an Antidepressant

Contact your child's healthcare provider ***right away*** if your child exhibits any of the following signs for the first time, or if they seem worse, or worry you, your child, or your child's teacher

- Thoughts about suicide or dying
- Attempts to commit suicide
- New or worse depression
- New or worse anxiety
- Feeling very agitated or restless
- Panic attacks
- Difficulty sleeping (insomnia)
- New or worse irritability
- Acting aggressive, being angry, or violent
- Acting on dangerous impulses
- An extreme increase in activity and talking
- Other unusual changes in behavior or mood

Never let your child stop taking an antidepressant without first talking to his or her healthcare provider. Stopping an antidepressant suddenly can cause other symptoms.

4. There are Benefits and Risks When Using Antidepressants

Antidepressants are used to treat depression and other illnesses. Depression and other illnesses can lead to suicide. In some children and teenagers, treatment with an antidepressant increases suicidal thinking or actions. It is important to discuss all the risks of treating depression and also the risks of not treating it. You and your child should discuss all treatment choices with your healthcare provider, not just the use of antidepressants.
Other side effects can occur with antidepressants (see section below). Of all the antidepressants, only fluoxetine (Prozac®) has been FDA approved to treat pediatric depression. For obsessive-compulsive disorder in children and teenagers, FDA has approved only fluoxetine (Prozac®), sertraline (Zoloft®), fluvoxamine, and clomipramine (Anafranil®). Your healthcare provider may suggest other antidepressants based on the past experience of your child or other family members.

Is this all I need to know if my child is being prescribed an antidepressant?

No. This is a warning about the risk for suicidality. Other side effects can occur with antidepressants. Be sure to ask your healthcare provider to explain all the side effects of the particular drug he or she is prescribing. Also ask about drugs to avoid when taking an antidepressant. Ask your healthcare provider or pharmacist where to find more information.

This Medication Guide has been approved by the U.S. Food and Drug Administration for all antidepressants.

Patient Information

Read the Patient Information that comes with WELLBUTRIN XL before you start taking WELLBUTRIN XL and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor about your medical condition or your treatment.

What is the most important information I should know about WELLBUTRIN XL?

There is a chance of having a seizure (convulsion, fit) with WELLBUTRIN XL, especially in people with certain medical problems, who take certain medicines. The chance of having seizures increases with higher doses of WELLBUTRIN XL. For more information, see the sections "Who should not take WELLBUTRIN XL?" and "What should I tell my doctor before using WELLBUTRIN XL?" Tell your doctor about all of your medical conditions and all the medicines you take. **Do not take any other medicines while you are using WELLBUTRIN XL unless your doctor has said it is okay to take them. If you have a seizure while taking WELLBUTRIN XL, stop taking the tablets and call your doctor right away.** Do not take WELLBUTRIN XL again if you have a seizure.

What is important information I should know and share with my family about taking antidepressants?

Patients and their families should watch out for worsening depression or thoughts of suicide. Also watch out for sudden or severe changes in feelings such as feeling anxious, agitated, panicky, irritable, hostile, aggressive, impulsive, severely restless, overly excited and hyperactive, not being able to sleep, or other unusual changes in behavior. If this happens, especially at the beginning of antidepressant treatment or after a change in dose, call your doctor. A patient Medication Guide will be provided to you with each prescription of WELLBUTRIN XL entitled "About Using Antidepressants in Children and Teenagers." WELLBUTRIN XL is not approved for use in children and teenagers.

What is WELLBUTRIN XL?

WELLBUTRIN XL is a prescription medicine used to treat adults with a certain type of depression called major depressive disorder.

Who should not take WELLBUTRIN XL?

Do not take WELLBUTRIN XL if you have or had a seizure disorder or epilepsy, **are taking ZYBAN (used to help people stop smoking) or any other medicines that contain bupropion hydrochloride, such as WELLBUTRIN Tablets or WELLBUTRIN SR Sustained-Release Tablets.** Bupropion is the same active ingredient that is in WELLBUTRIN XL. Do not take WELLBUTRIN XL if you drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives (these make you sleepy) or benzodiazepines and you stop using them all of a sudden, have taken within the last 14 days medicine for depression called a monoamine oxidase inhibitor (MAOI), such as NARDIL®* (phenelzine sulfate), PARNATE®* (tranylcypromine sulfate), or MARPLAN® (isocarboxazid), have or had an eating disorder such as anorexia nervosa or bulimia, are allergic to the active ingredient in WELLBUTRIN XL, bupropion, or to any of the inactive ingredients. See the end of this leaflet for a complete list of ingredients in WELLBUTRIN XL.

What should I tell my doctor before using WELLBUTRIN XL?

Tell your doctor about your medical conditions. Tell your doctor if you **are pregnant or plan to become pregnant.** It is not known if WELLBUTRIN XL can harm your unborn baby. If you can use WELLBUTRIN XL and you are pregnant, talk to your doctor about how you can be on the Bupropion Pregnancy Registry. Tell your doctor if you **are breastfeeding,** (WELLBUTRIN XL passes through your milk. It is not known if WELLBUTRIN XL can harm your baby.), **have liver problems,** especially cirrhosis of the liver, have kidney problems, have an eating disorder, such as anorexia nervosa or bulimia, have had a head injury, have had a seizure (convulsion, fit), have had a tumor in your nervous system (brain or spine), have had a heart attack, heart problems, or high blood pressure, are a diabetic taking insulin or other medicines to control your blood sugar, drink a lot of alcohol, or are taking prescription medicines or street drugs.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. Many medicines increase your chances of having seizures or other serious side effects if you take them while you are using WELLBUTRIN XL. WELLBUTRIN XL has not been studied in children under the age of 18 years.

How should I take WELLBUTRIN XL?

Take WELLBUTRIN XL exactly as prescribed by your doctor. **Do not chew, cut, or crush WELLBUTRIN XL tablets.** You must swallow the tablets whole. **Tell your doctor if you cannot swallow medicine tablets.** WELLBUTRIN XL at the same time each day, take your doses of WELLBUTRIN XL at least 24 hours apart. You may take WELLBUTRIN XL with or without food. If you miss a dose, do not take an extra tablet to make up for the dose you forgot. Wait and take your next tablet at the regular time. **This is very important.** Too much WELLBUTRIN XL can increase your chance of having a seizure. If you take too much WELLBUTRIN XL, or overdose, call your doctor, emergency room or poison control center right away. The WELLBUTRIN XL tablet is covered by a shell that slowly releases the medicine inside your body. You may notice something in your stool that looks like a tablet. This is normal. This is the empty shell passing from your body. **Do not take any other medicines while taking WELLBUTRIN XL unless your doctor has told you it is okay.** It may take several weeks for you to feel that WELLBUTRIN XL is working. Once you feel better, it is important to keep taking WELLBUTRIN XL exactly as directed by your doctor. Call your doctor if you do not feel WELLBUTRIN XL is working for you. Do not change the dose or stop taking WELLBUTRIN XL without talking with your doctor first.

What should I avoid while taking WELLBUTRIN XL?

Do not drink a lot of alcohol while taking WELLBUTRIN XL. If you usually drink a lot of alcohol, talk with your doctor before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your chance of having seizures. Do not drive a car or use heavy machinery until you know how WELLBUTRIN XL affects you. WELLBUTRIN XL can impair your ability to perform these tasks.

What are possible side effects of WELLBUTRIN XL?

Seizures. Some patients get seizures while taking WELLBUTRIN XL. **If you have a seizure while taking WELLBUTRIN XL, stop taking the tablets and call your doctor right away.** Do not take WELLBUTRIN XL again if you have a seizure. **Hypertension (high blood pressure).** Some patients get high blood pressure, sometimes severe, while taking WELLBUTRIN XL. The chance of high blood pressure may be increased if you use nicotine replacement therapy (for example, a nicotine patch) to help you stop smoking. **Severe allergic reactions. Stop WELLBUTRIN XL and call your doctor right away** if you get a rash, itching, hives, fever, swollen lymph glands, painful sores in the mouth or around the eyes, swelling of the lips or tongue, chest pain, or trouble breathing. These could be signs of a serious allergic reaction. **Unusual thoughts or behaviors.** Some patients have unusual thoughts or behaviors while taking WELLBUTRIN XL, including delusions (believe you are someone else), hallucinations (seeing or hearing things that are not there), paranoia (feeling that people are against you), or feeling confused. If this happens to you, call your doctor.

The most common side effects of WELLBUTRIN XL are weight loss, loss of appetite, dry mouth, skin rash, sweating, ringing in the ears, shakiness, stomach pain, agitation, anxiety, dizziness, trouble sleeping, muscle tightness, nausea, fast heartbeat, sore throat, and urinating more often. If you have nausea, take your medicine with food. If you have trouble sleeping, do not take your medicine too close to bedtime. Tell your doctor right away about any side effects that bother you. These are not all the side effects of WELLBUTRIN XL. For a complete list, ask your doctor or pharmacist.

How should I store WELLBUTRIN XL?

Store WELLBUTRIN XL at room temperature. Store out of direct sunlight. Keep WELLBUTRIN XL in its tightly closed bottle. WELLBUTRIN XL tablets may have an odor.

General Information about WELLBUTRIN XL.

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use WELLBUTRIN XL for a condition for which it was not prescribed. Do not give WELLBUTRIN XL to other people, even if they have the same symptoms you have. It may harm them. Keep WELLBUTRIN XL out of the reach of children.

This leaflet summarizes important information about WELLBUTRIN XL. For more information, talk with your doctor. You can ask your doctor or pharmacist for information about WELLBUTRIN XL that is written for health professionals or you can visit www.wellbutrin-xl.com or call toll-free 888-825-5249.

What are the ingredients in WELLBUTRIN XL?

Active ingredient: bupropion hydrochloride
Inactive ingredients: ethylcellulose aqueous dispersion (NF), glyceryl behenate, methacrylic acid copolymer dispersion (NF), polyvinyl alcohol, polyethylene glycol, povidone, silicon dioxide, and triethyl citrate. The tablets are printed with edible black ink.

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October

Wake Up Energized



You Customize

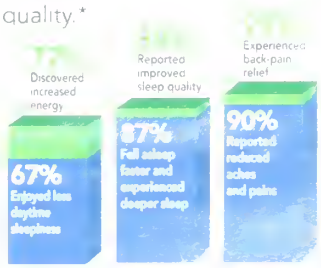
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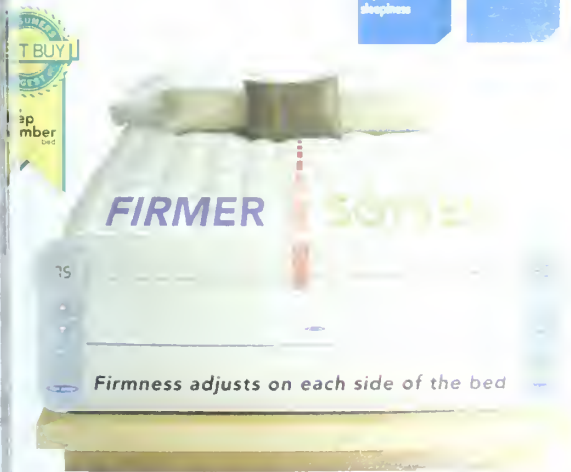
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a summary of independent clinical studies and the

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The 60s have got to be the best shape of your life. I did it for a while. I got in pretty good shape. But then it's just so hard to sustain. Now to get it back again! I'm giving myself one month. Robin is really working with me on this. You check in on me.

Salvatore: You probably know that *Ladies' Home Journal* is the magazine of "Can This Marriage Be Saved?" Your marriage is one of the most admired and watched. To what would you attribute its success?

Sawyer: Well, I don't write off the possibility that it had something to do with the age and time at which we married [EDITOR'S NOTE: Nichols was 56 and Sawyer 42 at the time of their marriage; it was her first, his fourth] and with each of us knowing ourselves, and each of us having things that we passionately love, and each of us feeling independent but not happy that we were apart.

Very early in the marriage, I said to Mike, "I travel so much. Do you hate to see me go? Or do you like being alone?" He said, "Both." And I thought, "Yeah, me, too" [*laughs*]. At the center of it is choosing each other again every day, and I feel we do. First of all, he's the youngest man I've ever known in my life, without question. He's so funny and so irreverent, and so on to the new, and so unwilling to tolerate a convention of any kind.

Salvatore: What do you think that he admires most about you?

Sawyer: He says there are two things. That I never say "you always" [*laughs*]. And the other thing he tells everybody is, if I wake him up in the middle of the night, he goes, "*What?!*" And if he wakes me up in the middle of the night I say instantly, "Are you all right?" And he says that's everything.

Salvatore: How has your life turned out differently than you would have thought?

Sawyer: It's so much more about exuberance and surprise. I thought it was going to be more about perseverance and obligation. I thought that I was going to have a lot of responsibilities. I never counted on how much laughter there is in the world. That's Mike, but it's also my work.

Salvatore: Clearly, your family is a rich part of your life. [EDITOR'S NOTE: Sawyer has three grown stepchildren and one 11-year-old step-grandchild.] Do you ever think about what kind of mom you would have been if you'd had kids of your own?

Sawyer: Yes, I do. We were talking about this at dinner the other night with a friend of ours who also doesn't have children, and her husband also has children that he brought to the marriage. I think a good mother is such a heavenly thing to see. I think it is a gift every bit as beautiful and instinctive as being able to dance across the sky. Maybe I revere it in part. I always have to wonder how I would be. You know, I have been a bit of an adventurer. I am the one who hops on the next plane always, and I don't know what would have happened if I had had that concrete reason to stay home. So much of it is being there and being focused. I always worry that I am just a little too excited about the horizon.

Part of it is also a function of the age at which I met Mike, and if I had met him earlier, all of that might have seemed entirely different to me. Whether adopted or biological, there is something about your child depending on you every day that is a direct beam of light from one life to the other. It's just a direct and unequaled bond. I do know that's entirely different. At the same time, I do believe there are a lot of versions or variations on that kind of love, and that they are also worth gold.

Salvatore: How spiritual are you?

Sawyer: I don't know. I see m friends who really spend a lot of thei time on it. I don't spend a lot of m time. I love church on Sundays.

Salvatore: Do you go every Sunday?

Sawyer: Not every Sunday, but I go lot of Sundays. I'm a searcher, and read a lot about spiritual issues. I lov the grappling. I think in that dialogu between doubt and faith, somethin wonderful happens.

Salvatore: At the end of the day, d you believe in God?

Sawyer: Yes. There's a poem—I think it by Rilke—that I love. That says, I believ in everything that has not been said. An it seems to me that that's what it is. Th thing you can't diagram. But it is th God, the holiness within us and aroun us all, and the fact that we're certainl connected at a level that transcends an that keeps us looking up.

Which brings me back to this poin It's not that "60 is the new 30." It's th new *60*. And it's the new 60 becaus everyone assumed you stopped you story. But all of these women hitting 6 are about to create a whole new decad None of them knows what it's going t be, but it is going to be something reall surprising. And it's not just about goin out and self-improving or improvin the world. It also is about men an women and enriching the day. I thin there's a beautiful intolerance for wha keeps people from getting a chance t live their true life. There's just suc clarity now, a sense that linking arm what can stop us? Whether it's foste care and the despair that's seeded i that, or whether it's poverty in Afric or whether it's exhaustion from to much to do. These are things that ca be solved, and there's just not a whol lot of tolerance anymore for spendin another 10 years without getting som thing done.

"Your lips look so lonely. May I keep them company?"



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The New Empty Nesters

Today's seniors control most of the wealth in America, and what they don't spend on themselves they lavish on their grown children and grandkids

By CAROL MITHERS

Who: Approximately 36 million men and women over 65 who are redefining what it means to grow older. The parents of baby boomers and Generation X, the majority of them are grandparents.

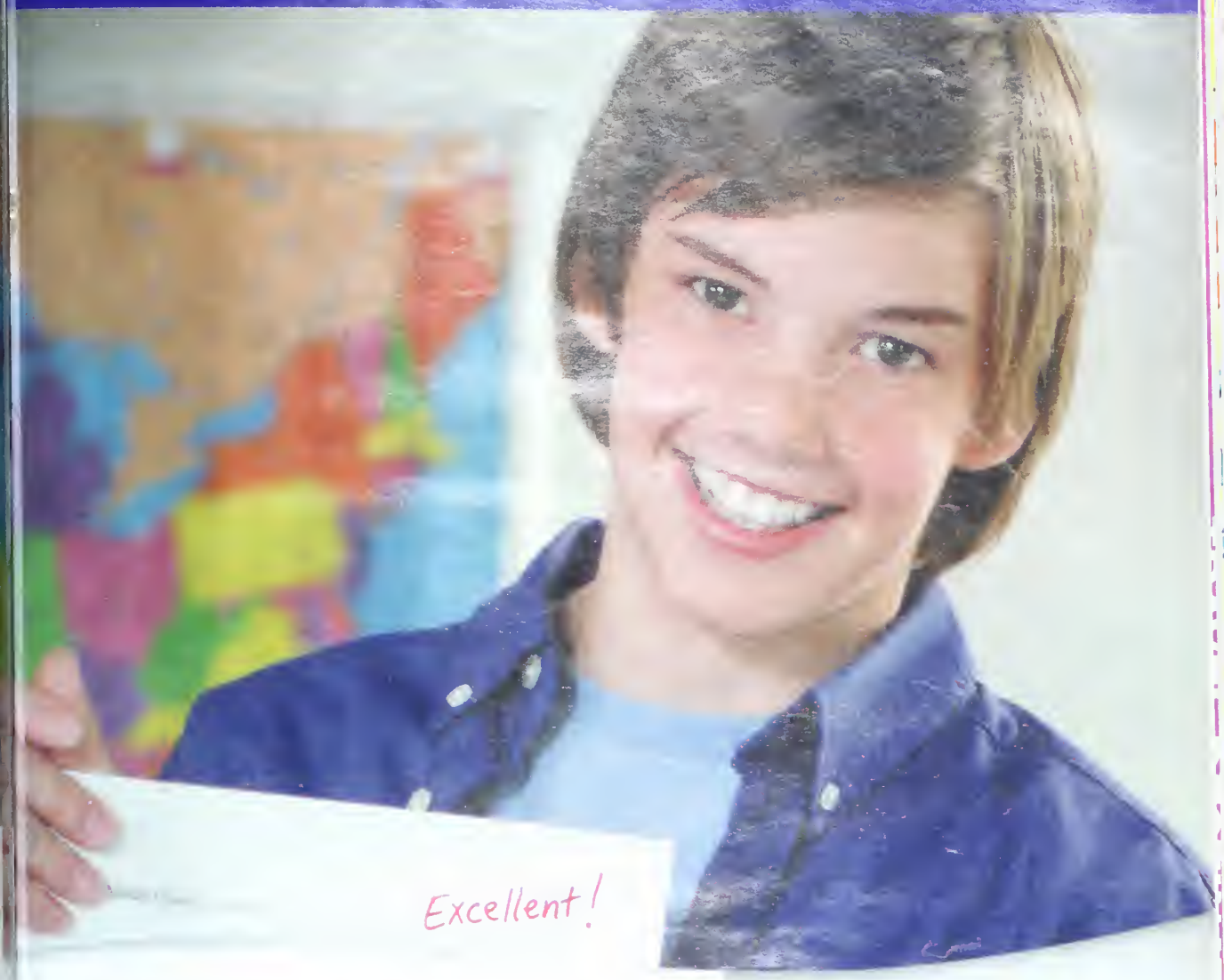
Behind the boomer boom: Today's seniors lived through an era of growing affluence and enjoyed unprecedented upward mobility. Today their home equity, Social Security and pensions, plus their often considerable savings and investment portfolios, give them half of all discretionary spending power in the nation. The World War II generation alone is expected to leave its heirs $25 trillion, the greatest wealth transfer ever.

Aging well, living large: At the turn of the 20th century, life expectancy was around 50. Today, making it to 80 is routine. The proportion of older Americans with a chronic disability has declined to around 20 percent. When surveyed, only a minority see retirement as a period of winding down. An overwhelming majority plan to use these years to try new things, "explore and tap into human potential" or "travel or take the vacation of a lifetime."

Representative family: Kenneth and Marie Green, above, of Dallas. Kenneth, 76, is a retired airline pilot, and Marie still works as an interior designer. Their greatest joy is their grandchildren.

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The Greens enjoy few things as much as visits from grandkids Cora (left) and Abby

Kenneth and Marie Green
en't your parents' grandparents.
oth have risen from modest begin
ngs to a life of considerable comfort.
enneth, a Texas native, enjoyed a
crative career as an airline pilot.
arie was a flight attendant, then got
degree in interior design early in the
70s, after sons Don and Ken (now
and 36) were born. When Kenneth
as promoted from copilot to captain,
arie took a well-paid position run
ng a design center. "I made a lot of
oney," she recalls, "and it all went in
e bank."

Between savings, pension and Social
curity payments, the Greens live very
ll. Their home is a handsome 3,500-
uare-foot ranch house on 2 acres—a
xury in an urban area like Dallas—
d it has a pool, creek and small lake.
it back there's a swing that Kenneth
t up for his grandchildren. Ken's
ughters Abby, 4, and Cora, 1. Marie
ves a 2002 Suburban, and the couple
afford nice restaurant meals and
ns to travel.

Unlike their own grandparents, they
rdly spend their time sitting back in
ir rockers. Kenneth is an antique car

THEY GIVE THEIR GRANDKIDS A LOT OF ATTENTION—AND PLAN TO HELP PAY FOR THEIR COLLEGE EDUCATIONS

ff who belongs to a car club and
nt nearly a decade painstakingly re
ring a 1956 Jaguar. He has dreams
extended travel to "revisit Spain and
rmany and see Ireland, England,
stralia and New Zealand"—that's if
rie, "so busy I can't believe it," ever
ps working. Marie swims, bowls,

raises money for charity and plans to
do so "until I can't get out of bed," she
says. "Staying in the business world
keeps you on your toes."

Every generation hopes their chil
dren will have even more than they
did, says Marie, but she doesn't have
faith that that will be true for her sons.
"Not the way the economy is going. I
feel very strongly about the impor
tance of college, but with rising tu
tion, I think it will be impossible for
the middle class to go to school."

"It's tougher for families today,"
agrees Kenneth. "Parents don't have
the
don't get to retire

focused on setting aside money for
their grandchildren's educations. When
Abby was 6 months old Marie opened
what's now called a Texas Guaranteed
Tuition Plan account for her, authoriz
ing monthly withdrawals to prepay the
first two years of college tuition. The
Greens also have a Upromise account
for the girls—when they use their credit
cards at certain merchants and buy
certain products, a percentage is given
back—and they put money into yet
another savings account.

Like many of today's grandparents,
the Greens also give their grand
daughters a lot of time and attention.
Although the girls live in Austin,
around 250 miles away, "we see them
at least once a month and call and talk
often," says Marie. "We would never
have a holiday without them." This
year she and Kenneth plan to take
Abby with them to Disney World.
Surveys done in 2000 showed that
nearly a quarter of all U.S. trips taken
with children involved grandparents.

"I think we enjoy our grandkids
much more than our grandparents en
joyed us," Marie says. "Maybe it's be
cause back then, they were struggling
or worried about themselves. We're in
good health and we realize the impor
tance of extended family for children.
And if you have the means, you help
them, too."

The Latest Casualty of War...

. . . is marriage. The unique stresses of the Iraq conflict have military divorces on the rise. Can the Army save its soldiers from heartbreak?

By Louisi Farr

Ryan Hofmann was counting the days until his wife of three years returned home for a two-week leave to Douglassville, Pennsylvania. A mechanic in the U.S. Army Reserve, she had been stationed for 10 months at the Anaconda supply base north of Baghdad, a place so dangerous soldiers had nicknamed it "Mortaritaville" because of the frequent bombardments. Ryan, a 30 year-old business analyst, had worried so much for his 28-year-old wife's safety that he sometimes wept during their twice-monthly phone calls. The warm, fun-loving wife he remembered now seemed cool and unemotional—something he attributed to her being in a war environment and mind-set.

According to Ryan, Patti [EDITOR'S NOTE: Her real name has not been used at her request] was scheduled to visit in early December 2004. On November 28, she called and told Ryan, who was on a hunting trip with her two brothers, that she would be home the next day. She urged him not to cut his vacation short and instead meet her the following day at her mother's home in Bensalem, an hour from Douglassville, where she would



Ryan Hofmann, shown here at his September 2001 wedding, blames his wife's tour in Iraq for their divorce

spend the night. On the evening of November 30 Ryan bought a dozen red roses and placed them on his mother-in-law's front porch. Then he called Patti on his cell phone to tell her he was outside. When she came to the door, her embrace, Ryan felt, was like warm. And over the next week, she was not affectionate to him, stayed up and watched TV after Ryan went to bed and bolted off eagerly, alone, to socialize with friends.

Hurt and mystified, Ryan told himself Patti's behavior was merely awkwardness after a long separation. Up to this point, he felt, their marriage had

[illegible] to the mountains [illegible] families and taking an occasional cruise. "It's not like there were any tensions," he says. When Patti and Ryan were dating in 1998, she had joined the Army Reserve as a way to pay for college. Ryan recalls that whenever he worried that she might be called to dangerous duty, she would say, "It's just the reserves. What's going to happen?"

[illegible] days after her homecoming, [illegible] king lot of a hobby supply store, Patti tearfully confessed that she'd fallen in love with another man. "I can't [illegible]," Ryan recalls her saying, explaining why she hadn't spoken up sooner. Her new love, Gary [EDITOR'S NOTE: His real name has not been used at his request], was another mechanic in Patti's unit. Ryan believes the relationship began in early December 2003, halfway through her four-month training at Fort Eustis, Virginia. It was a double betrayal for Ryan, whom Patti had introduced to Gary when Ryan drove her back after Christmas break that year. Gary, a 39-year-old divorced father of two, had promised Ryan he'd protect Patti, and a grateful Ryan had sent care packages to Gary—including photos CONTINUED

and videos of Gary's sons, whom Ryan visited at their home in Wilmington, Delaware—whenever he sent parcels of shampoo, snacks and books to Patti. According to Ryan, Gary had even treated Ryan to dinner when he was home on leave in August. "'She loves you, man. That's all she talks about,'" Ryan recalls Gary saying.

Ryan was shocked and deeply wounded by Patti's confession, but he immediately responded that he forgave her. He pleaded with her to stay and work on their marriage. But, he says, she told Ryan that she no longer wanted to be with him and chose Gary instead. Three days later Patti reached across the table at a restaurant and squeezed his hand, Ryan recalls. She told Ryan she'd decided not to leave; that night, she told him, she e-mailed the news to Gary.

The next two days were a whirlwind of errands as Patti prepared for her return to Iraq. Shaken but relieved, Ryan bade her good-bye on December 15. A week later, he says, Patti phoned from the front, saying she wanted a divorce after all. Stunned, Ryan angrily ripped down the "Support Our Troops" banners he had hung outside their four-bedroom gabled house. The next time Ryan saw Patti was in February, at a lawyer's office in Lancaster, Pennsylvania, after her deployment ended; Gary, also just demobilized, was by her side.

Last May Ryan quit his job, moved in with his parents in Lancaster and began taking college classes geared toward a career in radiology. Meanwhile the empty house he once shared with Patti sat on the market for some months while his parents and grandmother footed the bills. "Because of what Patti did, I wanted to protect him in any way I could," says his mother, Lydia.

But Ryan cannot contain his bitterness, and he blames Patti's tour in Iraq for sundering his marriage. "You're putting these guys and girls in the same camp only a few steps apart. They're scared. They're insecure. It opens up too many doors to temptation," he says. "If your spouse goes to war, you'd better hope your marriage is committed enough to last. I thought we were solid as a couple in a Norman Rockwell painting—but I was wrong."

"MOST AFFAIRS LEADING TO DIVORCE HAPPEN AT WORK. WAR IS JUST ANOTHER, MORE DRAMATIC, WORK SCENARIO"

The Unique Strains on Couples



Between 2001 and 2005, the divorce rate among active enlisted U.S. Army soldiers increased from 2.3 percent to 3.6 percent. (These figures do not take into account those in the Reserve, such as Patti and Gary.) While this rate is still far lower than for the civilian population, it has not escaped the military's notice. "The jump in divorce numbers is deeply concerning," acknowledges Lieutenant Colonel Peter Frederich, a Pentagon-based chaplain who oversees the Army's family ministry and pastoral care.

Experts have been speculating on the reasons for the increase. For starters, there has been a cultural shift. While the Army has no comparable data for past conflicts, Americans during World War II, for instance, tended to be united by a sense of common cause that may have helped keep marriages intact. That national unity has been absent in more recent conflicts. While the Iraq War has not spawned massive take-it-to-the-streets protests, as the Vietnam War did, public support has fallen to 48 percent from a one-time high of 69 percent, and 58 percent of Americans want a timetable for military withdrawal. And despite the Vietnam War's unpopularity, there was less of a marital crisis in the military during that era, say experts, because U.S. troops were younger (owing to the draft) and more likely to be single than those in Iraq (currently, 48 percent of active-duty enlisted members and 66 percent of officers are married).

Today's military personnel—men and women alike—are facing grave danger and making significant personal sacrifices. Add to this stress the fact that the prolonged conflict in Iraq has led to longer and unprecedented repeat deployments. While soldiers generally served a maximum of six months during the 1990s Balkan war, tours in Iraq have lasted for as long as 15 months, with some soldiers deployed for as many as three tours. "As soon as they get home, they have to start getting ready to go again, so there's a cumulative effect that can become very wearing," says Shelley MacDermid, Ph.D., codirector of the Military CONTINUED

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Family Research Institute at Purdue University, in West Lafayette, Indiana. "I've heard some people say, 'Well, you know, it's almost too hard to come home and try to get fully integrated into the family because I could be leaving again tomorrow.' To have people intentionally withholding themselves from each other is not a recipe for high-quality parenting, marriage or family life."

What's more, many of those serving in Iraq volunteered in peacetime, so they—and their spouses—may be unprepared for the massive strain of a long-distance marriage. "Many people have enlisted because they're attracted by future college benefits, the signing bonus, the health insurance and the salary," says Walter Schumm, Ph.D., professor of family studies at Kansas State University, in Manhattan, and a retired Army Reserve colonel.

Even when soldiers are reunited with their families, they may bring the effects of war home with them. A post-deployment study completed in July 2005 showed incidents of anger and aggression rose from 11 percent to 22 percent. Military couples need to be proactive in keeping their marriages strong, notes Chaplain Colonel Glen Bloomstrom, director of U.S. Army ministry initiatives, "*before* the military police are called because of shouting, pushing or shoving, or because of an actual incident of domestic violence."

Another unique characteristic of the Iraq conflict is the unprecedented number of women soldiers. While largely restricted to such noncombat roles as nurse and mechanic (with the exception of being allowed to fly attack helicopters), women now account for one out of 10 of the 140,000 troops in Iraq. This means that men and women now work together in close quarters. The bonds forged in a guerilla-war setting can be intense: With no clearly defined front lines, soldiers are besieged by random attacks. These include servicewomen in support positions, who often find themselves fighting enemy ambushes side by side with male infantry.

Whether troops are coping with boredom in the barracks or dealing with life-and-death situations, seeking companionship and comfort from comrades can inadvertently lay the groundwork for infidelity, says Janet Fritts, 30, a Raleigh, North Carolina, divorce attorney married to an Air Force National Guard member. Fritts has seen her military caseload increase by some 20 percent since 2001. "The physical relationship rises out of friendship with someone who understands what you're going through under fire, as well as the emotional and physical distance from your spouse," she says. "Most affairs leading to divorce happen at work. War is just another, more dramatic, work scenario."

And the marriages of many soldiers may be more fragile to begin with. Roughly one of every two couples in this country divorce; among the most common reasons are low income, unpredictable and chaotic work lives and long absences by a spouse. These conditions are even more prevalent in the military than in civilian life, points out historian and sociologist Stephanie Coontz, director of research and public education at the Chicago-based Council on Contemporary Families and author of *Marriage, a History: From Obedience to Intimacy or How Love Conquered Marriage*. Coontz also notes that some 40 percent of military recruits come from the South, where divorce rates in general are higher (6.6 in 1,000 in Arkansas, for example, compared with, say, 2.4 in 1,000 in Massachusetts). Young age at

marriage is another predictor of di vorce, and 50 percent of all married GIs are between 18 and 24, compared with only 25 percent of married civil ians. "When you add all that to the stress of dangerous jobs," says Coontz, "where one is expected to be ready for n instantaneous violent response, it nultiplies the difficulty of working hrough what might otherwise be nanageable marital problems."

How the Military Is Mending Marriages

The Army is going to new lengths to provide marital support for its troops. In 2004, at a cost of $2 million, it launched trong Bonds, a program that combines counseling services, workshops nd retreats led by the Army's team f 2,700 chaplains. (An additional 1.5 million was recently allocated to he program). Helping military couples reconnect is the goal of Strong onds, which uses techniques pioneered by University of Denver sychology professors Howard J. larkman and Scott M. Stanley during 20 years of marital research.

Through another program, the Military OneSource outreach, soldiers and their families can call a 4-hour hotline for confidential counseling on issues ranging from grief anagement to infidelity; in the United States and Puerto Rico they can btain referrals from OneSource for x free sessions with a licensed counselor. A web site (*www.militaryonesource.com*) also offers advice on a variety of ombat-related issues, including de ression and suicide. According to cumulated anecdotal experience rough the Army Suicide Prevention olicy Program, "the number one cause for suicide among soldiers is the loss of a significant relationship," says Army spokeswoman Martha Rudd.

The Army also announced last November that it is expanding its Deployment Cycle Support Program by extending physical and mental health screenings to soldiers for months after their return instead of solely during the immediate pre- and post-deployment period. "I've never been in a era in which the Army has focused so much on trying to help people," Rudd says.

Strong Bonds includes one- and two-night retreats at hotels, where chaplains lead anywhere from 20 to 40 participants (attendance is voluntary) through exercises aimed at promoting intimacy and preventing emotional distance during deployment. Some 23,000 couples from the Army, Army Reserve and the National Guard attended in 2005, up from 3,000 couples in 2003.

Some of the exercises are similar to those used in regular couple therapy: Typically, one spouse speaks while the other listens. "You're not there to rebut the other person's opinions," says Lieutenant Colonel Grant Speece, an Army chaplain based in Camp Ripley, Minnesota. "Once you understand where the other person is coming from, only then can you begin to solve problems."

Marital difficulties may be inevitable [illegible] during long-awaited homecomings after deployment. "For many soldiers overseas, there's nothing they think about more than being back together with their spouse and family," says Friedrich. "But coming back is often harder than it seems at first." Spouses gain not only newfound [illegible], but a sense of [illegible]. "It's a tricky way to do things. [illegible]

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That's precisely what John Loureiro, 29, a National Guard staff sergeant, faced when he returned to Roselle Park, New Jersey, in January 2005, after spending a year in Iraq as a nuclear biological and chemical operations specialist. When he spent a few days' leave with his wife, Sarah, 26, midway through his deployment, everything was fine. But by the time he came home for good, Loureiro had witnessed two soldiers injured in a mortar attack. He grew wary of leaving the house and suffered from gruesome nightmares. Once, when some neighboring kids set off firecrackers, he panicked and took cover against the side of a building. Loureiro snapped repeatedly at Sarah over housekeeping chores, something he had never done before. "I felt like I didn't fit in," he says. "And I felt Sarah just couldn't relate to the experiences I'd gone through. Plus, she had grown to the point where I wasn't head of the house anymore."

Leery of counseling, Loureiro balked when Sarah tried to get him to attend a National Guard Marriage Enrichment Weekend in nearby Edison. But after several months of tension, he finally relented. The retreat helped the couple get their communications skills—and mutual respect—back on track. "I found it hard, after being just 'me, me, me,' to get used to being 'us' all over again," acknowledges Sarah.

"I've known many fellow soldiers who struggled with their marriages and ultimately divorced," Loureiro says. "I was lucky."

In an effort to prevent estrangement before it occurs, the Army has also instituted a new system of Web cams, computers and cell phones to help couples stay in touch. But high-tech communication has its downside: Spouses and families can become distressed when a soldier recounts the details of the latest ambush, and an infantryman who has watched comrades die doesn't want to hear about broken plumbing back home. "We're trying to train couples in communication etiquette," says Frederich. "When you have only 10 minutes, you've got to use them for the right things."

Baptist minister Al Lowe, a retired Army chaplain who spent 2004 at the 13th Corps Support Command Headquarters at Logistic Support Area, in Anaconda, a base in Balad, Iraq, dispensed not only spiritual but instant-messaging advice to the troops, urging them to think twice when e-mailing home, since an angry or ill-chosen word is tough to retract. "Be thoughtful," he tells soldiers in Iraq as well as their spouses back home following redeployment. "But at the same time, be honest and forthright. Focus on being supportive, affectionate and loving."

But even all these efforts can't save every marriage. Gary and Patti went on to get married, and she was due to give birth earlier this year. Ryan still feels that Patti never sufficiently explained what went wrong in their relationship.

For her part, Patti says she does not want to engage in a "he said, she said" debate in print about her breakup from Ryan. But she does say, "I have a very different view from his." Her ex-husband, she says, "thinks it's Iraq that took his wife away, and that was not the case. Our marriage was over six months after it began because of the way he acted. We talked about issues in our marriage and he didn't want to know." Her relationship with Gary, she says, is "beautiful." Gary concurs, saying Patti "is the best thing that ever happened to me."

The Army Reserve can call Patti and Gary to serve again at any time.



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Introducing Vax, the first vacuum designed with you in mind. Using a philosophy we call NEXT CLEAN, Vax combines proven cleaning effectiveness with user-focused engineering. For more information, visit your nearest Best Buy or Sears location or log on to **vaxusa.com**.

Gilda's Club Worldwide



This Easter, think of giving a gift for a cause. Sparkle, the plush version of Gilda Radner's Yorkie, is available at **www.gildasclub.org**. 80% of each sale benefits Gilda's Club Worldwide, a network of free support communities for men, women and children with cancer.

Green Giant

There is just something about Green Giant Broccoli and Cheese Sauce. With mouth watering cheddar and deliciously healthy broccoli, the whole family is going to love to eat their greens. It is the tastiest way to help get your five servings of vegetables a day!

Here's your chance to link to the **hottest promotions** exclusive to Ladies' Home Journal readers!

- Read about fun offers
- Enter exciting sweepstakes
- Learn about local events in your area
- Link to informative websites

Log on to ... today to take part in the most current promotions.

California Pistachios

Go Nuts For California Pistachios Visit **www.pistachios.org** to order a FREE copy of **America's Top Chefs Go Nuts For California Pistachios**, with 18 pistachio-inspired recipes from some of America's most respected chefs. Plus, order your set of limited-edition note cards created by Jane Seymour.

Join Ladies' Home Journal's **exclusive reader panel** and share your opinions and ideas with us. As a member, you will help us understand your needs and interests by being contacted periodically and invited to answer surveys and opinion polls.

To join, log on to ...

Limited number of panelists, so hurry... JOIN NOW!

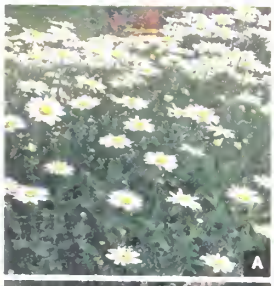


Of course our new spreadable butter is delicious. Consider its relatives.

There's three different ways to enjoy Challenge Butter. Our convenient new Spreadable Butter with Canola Oil is the perfect substitute for flavorless spreads. And our tasty regular butter has been a mainstay in bakeries and at dinner tables for generations. Of course, if you're looking for something a little more decadent, our European Style Butter with its creamier taste and silkier texture is the answer. Whatever you're cooking up, Challenge has the butter.

Reader SHOPPING

SUNNY CUTTING GARDEN









Save a trip to the garden center this spring. Here's your all-in-one solution to plantin a wonderful garden. Our sunny cutting garden in a box arrives at your door with 21 plants, exclusively grown for us by White Flower Farm, that will mature and produce bouquets of fresh-cut flowers all season long.



This 9×6 [illegible] region includes 21 plants: A. 2 'Becky' daisy; B. 2 Bluebird; C. 3 'David' phlox; D. 2 Pink Dominette coneflower; E. 3 Sunrise coneflower; F. 2 'Ruby Giant' coneflower; G. 3 'Kobold' [illegible]; H. 2 'Gold Plate' yarrow; I. 2 Globe thistle. A planting diagram and care instructions are included with each order. Plants, shipped in 3" pots or as bare root dormant crowns, will arrive at the proper time for planting in your Zone (March 15 to June 15, 2006). Order early, quantities are limited. Zones 5–7.

Specify MM952424 $115.95 plus shipping, handling, and sales tax.











TO ORDER

[illegible] FARM at 800/420-2852 or order online at www.lhjcatalog.com. Use source code LHS61 [illegible] will be a fee to the order. We are unable to ship to Alaska, Hawaii, Puerto Rico [illegible] APO/FPO addresses, or addresses outside the United States.

RTISEMENT

Cosmetic Breakthrough

etter than Botox®*?

E STRETCH-MARK CREAM RNED ANTI-WRINKLE ENOMENON!™"

a remarkable turn of events, guably one of the strangest in the story of cosmetics, women ross the country are putting stretch-mark cream called SD" on their face to diminish nce of fine lines, wrinkles and And, if consumer sales are any of a product's effectiveness, SD is nothing short of a miracle s well as a growing number of men are buying so much SD that finding a tube at your etic counter has become just ssible. Has everyone gone mad? really.

TIFIC ITHROUGH MB LUCK?

gh StriVectin-SD's function- ients were already backed by als documenting their ability dly reduce the appearance of stretch marks prominent their depth, length, discol nd texture ... the success of i-SD as an anti-wrinkle s "dumb luck," says Gina esperson for Klein-Becker StriVectin-SD.

we first handed out samples of tin formula to employees and as part of our market research tubes were simply marked eam' with the lot number ," Ms. Gay explains. "As the re passed to friends and fam sage became a little muddled eople used this 'topical cream moisturizer. As we began to dback from users, like 'I look ounger' and 'I can't even notice feet,' we knew we had some than America's most effective k cream. The point was driv store owners began reporting that almost as many people were [illegible] StriVectin as for stretch marks were [illegible]

Dr. David B. Mowrey, Ph.D., Klein-Becker's Director of Scientific Affairs, says, "Clearly, people were seeing results, but we didn't have a scientific explanation as to why this wrinkle reduction was occurring. However, based on the incredibly positive reports I started using it myself — applying StriVectin to my face after shaving." Dr. Mowrey said. "On a personal note, my wife [illegible] looked this good in years."

[illegible] [illegible]

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, [illegible] studies detailing the superior wrinkle-reducing properties of a patented copper peptide called Pal-KTTKS versus retinol, vitamin C and placebo. "photoaged skin was presented [illegible] luck would have it," Dr. Mowrey said, "the anti-wrinkle oligopeptide [illegible] the breakthrough ingredient [illegible] out to be [illegible] StriVectin-SD."

In the [illegible] protected peptide [illegible] [illegible] cream, [illegible] [illegible]

Subjects in the [illegible] [illegible] [illegible]



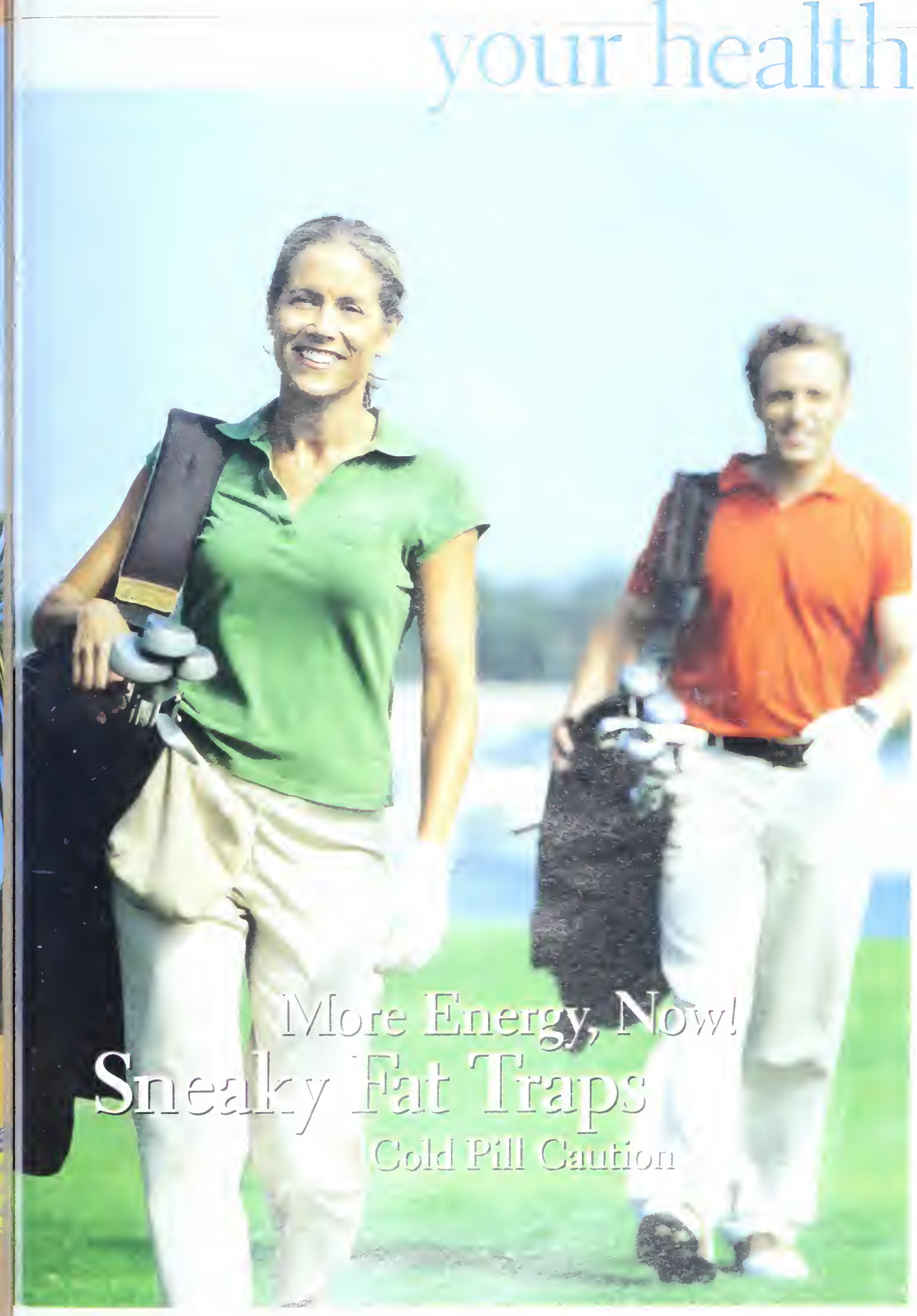
100 Days to Summer

100 Calorie Packs

The Snack Fairy really wants to help you kick back and find some time this summer. So, to encourage you to kick back and take a minute for yourself with a delicious 100 Calorie Pack, he's come up with... the 100 Days to Summer Promotion! He's giving away one spa weekend for two, every day for one hundred days, at La Costa Resort and Spa™, via his own online instant win game! For more details look on specially marked packages of 100 Calorie Packs or go to www.SnackHappy.com.

Snack Happy

NO PURCHASE NECESSARY. Open to residents of the 50 United States and the District of Columbia, 18 and older as of 3/13/06. To play: details visit snackhappy.com beginning 3/13/06 through 6/20/06. To play by mail, print name, complete address, daytime phone, and age on a 3" x 5" paper and mail to: "100 Days to Summer" Game, P.O. Box 1936, Elgin, IL 60121-1936, for receipt by 6/20/06. Only winners will be notified by mail. (100) Grand Prize Days: 5-day/4-night Spa Trip for Two to La Costa Resort and Spa in Carlsbad, CA on 1/5/07 through 1/7/07. Void where prohibited. Subject to additional restrictions and terms in the Official Rules available at www.snackhappy.com or by mail by sending an S.A.S.E. to: "100 Days to Summer" Game, P.O. Box 1875, Elgin, IL 60121-1875.



More Energy, Now!

Sneaky Fat Traps

Cold Pill Caution

Checkup in Aisle 5



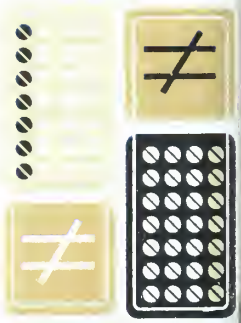
Too many appointments, too little time? You may be able to take care of some basic medical needs while you pick up toothpaste and prescriptions. A growing number of national pharmacies, retail chains and supermarkets are opening in-store health clinics that provide routine services, such as strep-throat tests, vaccinations and blood-pressure screenings. A visit can cost $40 to $60, depending on the services you get, and some insurance plans cover it. Though people may like the convenience and low cost, some medical groups are concerned that patients may not receive quality care. The centers are staffed by nurse-practitioners, registered nurses with master's or doctoral degrees, not physicians. "Doctors are trained to spot when a simple symptom is a sign of a more serious health problem," says J. Edward Hill, M.D., president of the American Medical Association. "There are concerns those cases could be overlooked." But the companies that own the clinics say they will refer patients to a doctor if the illness is beyond a practitioner's scope. Bottom line: In-store clinics are convenient but shouldn't substitute for regular checkups with your family doctor or pediatrician. *—Kimberly Papa*



COULD YOUR COLD MEDICINE MAKE YOU SICK?

If you're suffering from a headache or the sniffles, be careful when easing your symptoms with acetaminophen-based medicines. Hundreds of over-the-counter drugs, from decongestants to pain relievers, contain the ingredient. Result? In the past six years the percentage of acute liver failure (ALF) owing to acetaminophen poisonings has nearly doubled, according to a new study in *Hepatology*. The recommended daily limit is 4,000 mg, yet just one dose of an acetaminophen-containing medication can have 1,000 mg. Check labels to stay under the limit and talk to your doctor if you also have more than three alcoholic drinks a day, another ALF factor. *—K. Emily Bond*

BIRTH CONTROL PATCH ALERT



Users of the Ortho Evra birth control patch (the only brand approved in the United States) may not worry about pregnancy, but they should pay attention to a new and important warning from the FDA. The patch's label now cautions that users are exposed to 60 percent more estrogen than those taking oral contraceptives. This extra exposure means women on Ortho Evra may be at a much higher risk for dangerous side effects such as blood clots, strokes and heart attacks. Though both methods contain the same amount of the hormone, pill users' levels of estrogen decline throughout the day, while those on the patch get a constant, steady dose. "Over time, women on the patch may be exposed to more estrogen because of the elevated levels of the hormone in their bloodstreams," says FDA spokeswoman Susan Cruzan. Until now, the pill and the patch were reported to have similar risks. Most women can still use the patch safely but as with any hormonal contraceptive, users who have concerns about cardiovascular problems should talk to their doctors. Smoking also greatly increases the risk of the patch's side effects, especially in women who are over 35. *—Jennifer Castoro*



Restless Legs Syndrome (RLS) is a recognized medical condition. One that's shared by nearly 1 in 10 US adults. Most people experience its symptoms in the evening.

- The compelling urge to move
- Disturbing sensations in the legs
- Moving offers temporary relief
- Trouble resting or falling asleep

People who suffer from RLS often describe their leg sensations as creepy, crawly, tingling, or tightening. Getting up and moving their legs offers some relief, but the symptoms always come back. Only a doctor can determine if you have Restless Legs Syndrome.

And for many there's relief.

Requip is the first and only FDA-approved treatment for RLS. Taken daily non-habit-forming medication, Requip helps relieve the symptoms of **moderate-to-severe primary Restless Legs Syndrome (15 or more episodes monthly)**. Soon you'll be able to relax.

Important Safety Information:

Requip Tablets may cause you to fall asleep or feel very sleepy during normal activities such as driving; or feel faint, lightheaded, or excessively sweaty when you stand up. Tell your doctor if you experience these problems. If you drink alcohol or are taking other medicines that make you drowsy. Side effects include nausea, drowsiness, vomiting and dizziness. Most patients were not bothered enough to stop taking Requip. Requip should be taken once daily 1-3 hours before bedtime.

See important patient information on the next page.

Visit www.requip.com or call 1-877-REQUIP4

Help put RLS to rest.

Requip
(ropinirole HCl)

For moderate-to-severe primary Restless Legs Syndrome

Ask your doctor if Requip is right for you.

GSK



PATIENT INFORMATION
REQUIP® (ropinirole hydrochloride) Tablets

For Restless Legs Syndrome (RLS).
Also Known as Ekbom Syndrome

Read this information completely before you start taking REQUIP. Read this information at [illegible] new information. This leaflet provided [illegible] REQUIP® does not include everything [illegible] Ask [illegible] about REQUIP.

What is REQUIP?

[illegible] Restless [illegible] disease. Have a question [illegible]

What is the most important information I should know about REQUIP?

- [illegible] take REQUIP® is mostly that patients with Parkinson [illegible] **How should I take REQUIP for RLS?** for the recommended [illegible] REQUIP® is usually needed for patients with [illegible]
- [illegible] REQUIP® can make you feel very sleepy [illegible] fall asleep while you are doing [illegible] feel dizzy, nauseated, or [illegible] getting up from sitting or lying down, you should talk with your [illegible] **What are the possible side effects of REQUIP?**
- [illegible] REQUIP® [illegible] your doctor may take to stop [illegible].

Who should not take REQUIP?

[illegible] REQUIP® [illegible] to ropinirole or to any of the [illegible] REQUIP®.

What should I tell my doctor?

- [illegible]
- [illegible]
- [illegible] have [illegible] REQUIP®
- [illegible] or if you become pregnant while taking REQUIP®.
- [illegible] while you are taking REQUIP®. You may [illegible]
- [illegible] taking REQUIP®. Do not [illegible] REQUIP®.
- [illegible] while you are taking REQUIP®.
- [illegible] may [illegible] of becoming [illegible] REQUIP®.

How should I take REQUIP for RLS?

- Before [illegible] REQUIP® exactly as directed by your doctor [illegible] medicine.
- [illegible] way to take REQUIP® [illegible]
- [illegible] REQUIP® [illegible] may [illegible] the [illegible] [illegible]
- [illegible] with [illegible] by your doctor. Your dose of REQUIP® may [illegible] what the best dose is for you. Different people respond [illegible] the [illegible] dose [illegible] even [illegible] the [illegible] symptoms. You should [illegible] how well [illegible] this medicine.
- **If you miss your dose, do not double your next dose.** Take [illegible] next bedtime.
- [illegible] REQUIP® [illegible]

- You can take REQUIP® with or without food. Taking REQUIP® with food may [illegible] the chances of feeling nauseated.

What are the possible side effects of REQUIP?

- Most people who take REQUIP® tolerate it well. The most commonly reported side effects in people taking REQUIP® for RLS are nausea, vomiting, dizziness, and drowsiness or sleepiness. You should be careful until you know if REQUIP® affects your ability to remain alert while doing normal daily activities and you should watch for the development of significant daytime sleepiness or episodes of falling asleep. It is possible that you could fall asleep while doing normal activities such as driving a car, doing physical tasks or using hazardous machinery while taking REQUIP®. Your chances of falling asleep while doing normal activities while taking REQUIP® are greater if you are taking other medicines that cause drowsiness.
- When you start taking REQUIP® or when you increase your dose, you may feel dizzy, nauseated, sweaty or faint when first standing up from sitting or lying down. Therefore, do not stand up quickly after sitting or lying down, particularly if you have been sitting or lying down for a long period of time. Take a minute sitting on the edge of the bed or chair before you get up.
- Hallucinations (unreal sounds, visions, or sensations) have been reported in patients taking REQUIP®. These were uncommon in patients taking REQUIP® for RLS. The risk is greater in patients with Parkinson's disease who are elderly, taking REQUIP® with L-dopa, or taking higher doses of REQUIP® than recommended for RLS.

[illegible] complete list of side effects and should not take the place of [illegible] with your healthcare providers. Your doctor or pharmacist can give you [illegible] complete list of possible side effects. Talk to your doctor about any side [illegible] you may have.

Other Information about REQUIP

[illegible] with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with [illegible] disease or the medicines used to treat Parkinson's disease. REQUIP® is one of the medicines used to treat Parkinson's disease; therefore, patients being treated with REQUIP® should have regular skin examinations.

[illegible] medicines to treat Parkinson's disease, including REQUIP®, have developed impulse control disorders while being treated. These can include behaviors such as gambling, increased sexual urges, and uncontrolled buying or spending. It is not known if these problems are directly related to the medicines or are due to other reasons. It is important to tell your doctor if you have any unusual urges while taking your medicine.

- Take REQUIP® exactly as your doctor prescribed it.
- Do not share REQUIP® with other people, even if they have the same symptoms you have.
- Keep REQUIP® out of the reach of children.
- Store REQUIP® at room temperature, out of direct sunlight.
- Keep REQUIP® in a tightly closed container.

This leaflet summarizes important information about REQUIP®. Medicines are sometimes prescribed for purposes other than those listed in this leaflet. Do not take REQUIP® for a condition for which it was not prescribed. For more information, talk with your doctor or pharmacist. They can give you information about REQUIP® that is written for healthcare professionals.

GlaxoSmithKline

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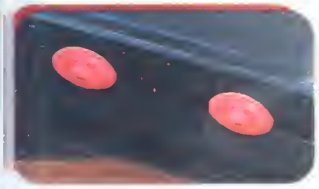
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w we want your entire body.

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Adjust programs, speed and incline with a touch of a button.



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[illegible] that delivers responsive horsepower [illegible]
[illegible] smooth, club quality motors let [illegible]
[illegible] early morning run without waking up [illegible]

Quick Touch™ Programs Eliminate Guess Work!

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[illegible] electronics. No more complicated [illegible]
[illegible] combination of a button or [illegible]
[illegible] literally.

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The "Get More Energy!" Diet



Here, four eating plans tailored to busy women's different lifestyles. Learn these simple strategies to cut stress, fatigue and weight gain

We all have days when we feel drained. But if you walk around in a fog a lot of the time, poor eating habits may be to blame. "Not eating right is one of the biggest causes of fatigue," says Netty Levine, a registered dietitian at Cedars-Sinai Medical Center in Los Angeles.

Refueling with three wholesome meals a day isn't easy, thanks to women's fast-lane lifestyles. The kids oversleep, so you skip breakfast. Lunch is a muffin at your desk while you finish up a project. Then because you're too tired to cook, you pick up dinner from the drive-through window. Whether you spend your days chasing after kids, sitting in front of a computer or traveling on business, don't let common nutrition traps sabotage your energy and your waistline. Find your lifestyle profile here and follow our simple eating strategies to stay focused and revved up all day long.

By
LINDA MARSA

Illustrations by
BRIAN STAUFFER

JUGGLING JANICE

Lifestyle stressors: You're always running, which leaves no time for regular meals. There's volunteer work at your daughter's school two mornings a week. You do bookkeeping part-time for a local business. Three afternoons are spent driving your kids to basketball practice and piano lessons. And you never miss your Tuesday and Thursday spinning class. An ever-present cup of coffee and plastic bag filled with dry cereal help you stay awake while you dash around town.

Nutrition pitfalls: Working a patchwork quilt of irregular hours—be they nights, rotating shifts or part-time while cramming in everything else—can wreak havoc on good nutrition. You tend to eat haphazardly, snatching food where CONTINUED

WWW.LHJ.C

FINALLY, FIBER TASTEFULLY DONE.



Tropicana Pure Premium® is the first and only national ge juice with as much fiber as a whole orange in every serving. So now getting more fiber has another benefit: great taste.

HAVE A TROPICANA MORNING.



you find it. Often it's fatty fast foods, which can pile on pounds and drain energy (they take longer to digest, which diverts blood to the stomach from the brain, muscles and vital organs, slowing energy-giving oxygen delivery to them). Constant dashboard dining also makes it easy to overeat, since it takes about 20 minutes for your stomach to tell your brain you're full.

Your high-energy performance plan:

• Store healthy snacks in your car. Use ice packs and a mini cooler to stash packets of nutritious low-cal foods, such as sticks of string cheese, grilled chicken strips, fresh fruit, yogurt or nonfat milk. "If you've got healthy food available, you're less likely to hit the drive-through," says Susan Bowerman, assistant director of UCLA's Center for Human Nutrition.

• Eat several mini meals throughout the day to maintain stamina. Small meals are easier to digest than big ones (digesting large meals can make you sleepy). Try to stick to regular mealtimes. Breakfast is key; after your sleep-induced fast, your brain needs fuel to function. And have lunch at noon rather than 2 or 3, when you're ravenous. "Eat every four hours to keep your blood sugar from getting too low, making you feel sluggish," says Jo Ann Hattner, R.D., coauthor of *Help! My Underwear Is Shrinking!*

• If you must skip lunch—because you're on deadline or your kid's game goes into overtime—don't run on empty. "Carry around a nutrition bar that you can eat when you're really hungry and that will hold you until your next planned mealtime," suggests Randi Konikoff Beranbaum, a registered dietitian in Providence, Rhode Island. But read labels to make sure you're not just eating a glorified candy bar: Pick meal-replacement bars with at least 15 grams of protein plus fiber, folic acid and calcium.

• Mix protein with complex carbs. Spread a tablespoon of peanut butter, instead of jelly, on whole-grain toast. Have chicken and brown rice, high fiber cereal with low-fat milk, apple slices and cottage cheese or an omelet filled with vegetables. "The fiber in complex carbohydrates slows down absorption of sugars so you don't get quick spikes and plummets in energy," says Penny Edwards, a certified nutrition specialist in Oakland, California.

• Drink more H O. Sipping small doses of caffeine throughout the day can stave off an afternoon crash, but late-day coffee could hurt your ability to sleep when you want to. What's more, coffee can be dehydrating, which can cause drowsiness (and if it's a fatty whole-milk latte, add pounds). Tote around a bottle of water instead.

STAY-AT-HOME SUZIE

Lifestyle stressors: There's no place like home, where stay-at-home moms and home-office jocks have easy access to the fridge and pantry, free to graze all day long.

If you're a stay-at-home mom, you're u at dawn to get a jump on the chores befor the kids are awake and then make breakfast for your family, often eating what's le on your kids' plates. That pattern repeat itself at lunch or dinner, when you oblig ingly polish off their uneaten french fries chicken nuggets or macaroni and cheese.

When you're home-based, it's easy t snack out of boredom, loneliness or stres especially since there are no other food conscious grown-ups around to make yo behave. A tense conversation with a client or a toddler—sends you wandering into th kitchen for a tuck of leftover birthday cak When you're having trouble gathering you thoughts for a crucial presentation, muncl ing last night's pizza comforts you.

Nutrition pitfalls: Nibbling all day lon can lead you to consume as many as 50 extra calories a day, which adds pound that sap energy. "Because you're constantl foraging for food, you're never reall hungry and never really feel full," say Bowerman.

CONTINUE

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2X MORE EFFECTIVE
THAN TRIPLE STRENGTH GLUCOSAMINE & CHONDROITIN ALONE†



UNIFLEX™
PROTECTS*

Joint Fluid™
Mega-Potent Hyaluronic Acid
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REBUILD*



PREFERRED BY 9 OUT OF 10 DOCTORS†

In a survey of doctors, 9 out of 10 preferred the new Move Free® Advanced Formula over formulas containing Glucosamine and Chondroitin alone.†

CLINICAL STUDY RESULTS: WORKS IN JUST 1-2 WEEKS†

Reduced Joint Pain	83%
Improved Daily Activities	78%
Improved Physical Functioning	72%

ODUCING NEW MOVE FREE® ADVANCED.

Free® Advanced is the only joint care supplement at retail today lly shown to substantially reduce joint pain and improve overall cy with the addition of two new breakthrough ingredients.*

™ – is a ground-breaking antioxidant system that protects rom harmful oxidants that accelerate the breakdown of ge and joint tissue.*

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samine and Chondroitin – help by lubricating, cushioning, thening, protecting and rebuilding joints.

re information, visit **www.MoveFreeAdvanced.com** or call **1-800-526-6251**

Move Free Advanced – Freedom to Move

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ndent, preliminary, prospective, randomized, double-blind, placebo-controlled study of glucosamine, chondroitin and Joint Fluid (hyaluronic acid) vs.1500 mg glucosamine with1200 mg chondroitin 500 mg glucosamine alone conducted for two months. Additional ingredients have been added to Move Free® ADVANCED. (Miami, 2004)

dependent Internet survey, doctors recommending glucosamine and chondroitin formulas containing only glucosamine or glucosamine and chondroitin.

chiff Nutrition Group

443-A1



Your high-energy performance plan: Instead of grazing, eat three normal-size meals roughly every four hours so you learn to heed your natural hunger cues and consume foods that meet your nutritional needs rather than satisfy a junk-food craving. You'll also feel more energized.

• Power up with a mix of complex carbs and protein. Start your day with fruit and yogurt or an egg and whole-grain toast. For lunch, make yourself a sandwich with whole-wheat pita bread, turkey and vegetables. If you take your kids out for fast food, choose healthier menu items such as a grilled chicken salad or a grilled chicken sandwich. Snack on whole-grain crackers and low-fat string cheese or celery and peanut butter—all more nutritious and filling than graham crackers and juice.

• Make dining a little formal. Use a knife, fork and a ceramic plate whenever you eat at home. "No fingers allowed" reduces the temptation to pick off a child's plate or eat standing at the refrigerator door.

• Keep plastic bags filled with fresh fruit and vegetables, such as bananas, strawberries, carrots and cucumbers, in the fridge. Reach for one of these snacks when you feel tempted to scavenge the cupboards for chips or cookies.

• Don't use food as a pacifier. If you work from home and are having a stressful day, get out of the house for a brisk 10-minute walk or to play fetch with your dog. Exercise will calm you down and may boost energy. You won't feel like poking around the kitchen afterward.

• If all else fails, set a mealtime alarm on your computer or a desk clock and don't eat until it rings.

OVERBOOKED BETTY

Lifestyle stressors: Your alarm goes off at 6 every weekday morning. After a quick shower, you check your e-mail, then get the kids up and give them their breakfast: dry cereal with milk, though by Thursday there's often no more milk. A quick blow-dry, a dab of lipstick and you're out the door by 7:15, a cup of coffee in hand to keep your eyes open for the half-hour commute to work. In the few minutes before your eight-o'clock meeting, you wolf down a bagel with cream cheese from the employee cafeteria and stay awake with coffee and a doughnut during protracted morning-long meetings.

Lunch is a quick slice of pizza that you eat at your desk while returning phone calls and e-mails. Then you head out again for yet another meeting, where you down a diet cola to stay alert. It's nearly four when you finally get back to your desk to catch up on paperwork. Suddenly fatigued, you grab a candy bar from the vending machine or raid your neighbor's bowl of jelly beans. By the time you head home you're in no mood to whip up dinner, so you stop at a fast-food place or brave supermarket lines to pick up an already-prepared entrée.

Nutrition pitfalls: Lack of meal planning may be your biggest diet downfall. And having to shop for dinner almost every night tops the list of time wasters.

Your high-energy performance plan: To boost efficiency, carve out time on Saturdays to grocery shop for the week. "It only takes 15 minutes to plan for the week and less than an hour to shop," says Rachel Brandeis, R.D., a spokesperson for the American Dietetic Association.

• Make up a shopping list that includes healthy breakfast items, such as high-fiber whole-grain cereal and instant oatmeal or whole-wheat English muffins and peanut butter, as well as ingredients for four to five easy-to-prepare (or slow-cook) meals, such as chicken, bags of frozen vegetables and potatoes, or instant stir-fry dinners. Choose foods that can be stretched into two meals—for instance, roast chicken one night, chicken-and-bean burritos the next.

• Cook up a storm on the CONTINUED

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5 Easy Energizers

HAVE A MORNING MEAL.
Roughly one-fourth of American workers skip breakfast. But this nutritional mistake leaves you low on energy even before your day begins. "Breakfast fuels your body with nutrients it needs to perform," says Cindy Moore, director of nutrition therapy at Ohio's Cleveland Clinic. A good breakfast should have complex carbs (such as whole-grain bread, cereal or crackers), protein (such as milk, cheese, salmon or eggs) and fruit or 100-percent-fruit juice.

AVOID THE VENDING MACHINE.
More than half of women snack at work midafternoon, says one survey. Cookies, candy and chips deliver only a temporary energy boost and add pounds. Substitute an apple, a small yogurt, half a peanut butter sandwich or dried fruit. Keep snacks to 200 calories or less.

DRINK PLENTY OF WATER.
Stay hydrated with at least 32 ounces a day. Have a glass with every snack break and meal—and drink up in between.

GET YOUR VITAMINS AND MINERALS.
You particularly need iron and magnesium for energy, and B vitamins (folic acid, riboflavin, niacin and thiamine) to maintain a healthy metabolism and proper brain function. Best sources of iron are meat and legumes (consumed with vitamin C); of magnesium, meat and dairy products; of B vitamins, fortified cereal and pasta. A daily vitamin and mineral supplement may help.

FUEL YOUR WORKOUT WITH CARBS.
Eat a piece of fruit or an energy bar before you exercise intensively. Afterward, have a protein and complex-carbohydrate snack—yogurt with fruit or cheese and whole-grain crackers—to replace the glucose used by your muscles.

weekend, then refrigerate cooked lamb chops or freeze casserole dishes so you can simply pop them in the oven after work.

• Shop for workday snacks and lunch items—including yogurt, low-fat and sodium-free deli meats, and fruits and vegetables that you can cut up and keep in small containers. Even canned soups, frozen dinners that you can zap in the office microwave and meal-replacement drinks are healthier alternatives to pastries and pizza.

• For quick pick-me-ups on long workdays, stash healthy snacks such as dried fruit, almonds, energy bars, whole-grain crackers, vegetable juice, even plastic bags of cold cereal in your desk or the office refrigerator. Load up on protein—a hard-boiled egg, cheese, nuts or a high-protein bar—late in the afternoon when you're famished and energy wanes.

• To make sure you're not mistaking hunger for thirst, "drink plenty of water during long meetings," suggests Los Angeles dietitian Betty Nowlin, R.D. "Adequate fluids also help you stay alert."

CONTINUED



34%
of people who plan on working out
come up with better plans in the process.

Ok, nobody's perfect. Good thing there's a snack that's perfect for you.



Made with whole grain so your heart will be happy, too.
New Quaker Multigrain Snacks.
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Get back to goodness. QUAKER



TRAVELING TINA

Lifestyle stressors: You spend most of your time entertaining clients at restaurants and on the road. Fueled with coffee, you often skip breakfast when you have to catch an early flight. At the airport you grab more coffee and a muffin before boarding. On the plane you don't expect much more than drinks, peanuts and (if you're lucky) lunch meat on a stale roll.

By the time you arrive at your hotel you're ravenous and raid the minibar—inhaling a bag of fatty potato chips for a quick carb rush—before meeting clients at a ritzy restaurant. You wisely avoid wine with dinner but can't resist starchy, rich comfort foods, such as bread, pasta and potatoes. Back at the hotel you're in a food-induced slump as you review your next day's presentation. In the morning you grab a few of the hotel's continental breakfast offerings—muffin, OJ, fruit, coffee—before heading out to a day of meetings.

Nutrition pitfalls: While most Americans eat out an average of five times a week, you're probably out much more. Restaurant meals often clock in at 1,000 calories plus, a hefty chunk of the 1,600 to 1,800 calories a woman should typically consume in a day.

Your high-energy performance plan: Make advance provisions so you don't arrive at your destination starving, and choose wisely when dining out so you stay sharp during crucial appointments.

• At home, prepare 200-calorie travel snack packs of ¼ cup of dried fruit or nuts, 1 to 2 cups of cold cereal or a slice of cheese on a mini-bagel. You can also bring packets of instant hot oatmeal (the flight attendant can bring you a cup of hot water).

• Stash a few mini peanut butter and jelly "sandwiches"—low-fat peanut butter and reduced-calorie jelly on whole-grain crispbread wrapped in foil—in your briefcase. They won't spoil and if your plane is delayed you won't end up ravenous.

• Steer clear of airport junk food, such as cinnamon buns, smoothies and coffee drinks, which can run 400 to 500 calories each. A cup or two of regular coffee is fine, but lattes and frozen coffee drinks are often loaded with sugar and fat. Instead, go for a salad with chicken or ham, a turkey sandwich or yogurt and fruit.

• Stock your carryon with packets of sugar-free instant hot chocolate, suggests Lisa Dorfman, a registered dietitian in Miami. "They're perfect for when you want something sweet and soothing in your hotel room," she says. "Just use the in-room coffeemaker to prepare hot water."

• When eating out, remember that many restaurants will cater to special requests, such as grilling fish o chicken, steaming veggies and holding bac on heavy sauces.

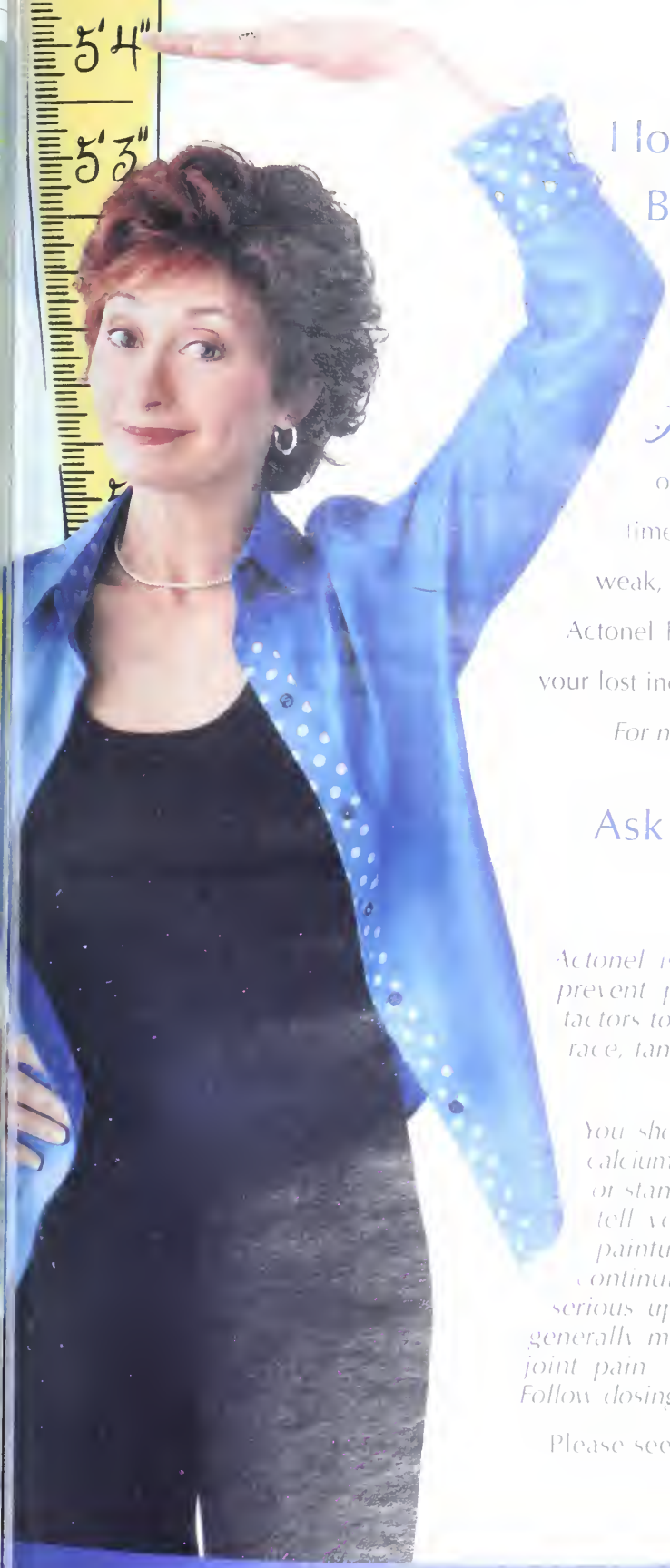
• Skip bread, wine and dessert. Alcohol o an empty stomach can give you a headach or make you drowsy. Drink sparkling wat with lime or a Virgin Mary, which is a Blood Mary sans vodka. Ask for bread sticks o raw vegetables if you need to nibble.

• Cut calories by ordering just an appetize and salad. Choose filling high-protein dish es, such as grilled chicken skewers, shrim cocktail, French onion soup or cracker with jack, Swiss or cheddar cheese.

• Try to eat something small—perhaps on of your prepackaged snacks—before din ing with clients. That will take the edg off your appetite and free you up to tal business.

• Be sure to refuel properly at breakfas Hotels catering to business travelers no offer more nutritious continental breakfas choices, including whole-grain cereals wit skim milk and fruit. You can supplemen with a protein bar from your purse.

LHJ.com **For strategies on how to stay in optimal health, visit www.lhj.com/healthguides**



Oh, no! I lost an inch to osteoporosis.

But now I'm fighting back with Actonel.

After menopause, shrinking can be a sign of osteoporosis, the result of tiny fractures over time. With osteoporosis, bones can become weak, brittle, and more likely to fracture. But Actonel helps protect your bones. It won't get back your lost inch, but it will help fight fracture.

For more information, visit Actonel.com.

Ask your doctor if Actonel is right for you.

Actonel is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian or Asian race, family history, small frame or smoking.

You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

Please see important information about Actonel on the following page.

onel.com
7-Actonel

Help fight fracture. **Actonel®**
(risedronate sodium tablets)

Patient Information: ACTONEL® (AK-toh-nel) Tablets

Actonel (risedronate sodium) tablets: 5 mg and Actonel (risedronate sodium) tablets: 35 mg for Osteoporosis

Read this information carefully before you start to use your medicine. Read the information you get every time you get more medicine. There may be new information. This information does not take the place of talking with your health care provider about your medical condition or your treatment. If you have any questions or are not sure about something, ask your health care provider or pharmacist.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in your stomach and esophagus (the tube that connects the mouth and the stomach), such as trouble swallowing (dysphagia), heartburn (esophagitis), and ulcers. You might feel pain in your bones, joints, or muscles. (See "What are the Possible Side Effects of ACTONEL?")

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects. (See "How should I take ACTONEL?")

What is ACTONEL?

ACTONEL is a prescription medicine used:

- to prevent and treat osteoporosis in postmenopausal women. (See "What is Osteoporosis?")
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone.
- to treat Paget's disease of bone (osteitis deformans). The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease. If you have Paget's disease, ask your health care provider how to use ACTONEL.

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone mass in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your health care provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia).
- cannot sit or stand up for 30 minutes.
- have kidneys that work poorly.
- have an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. (See the end of this leaflet for a list of all the ingredients in ACTONEL.)

Tell your doctor before using ACTONEL if:

- you are pregnant or may become pregnant. We do not know if ACTONEL can harm your unborn child.
- you are breast-feeding or plan to breast-feed. We do not know if ACTONEL can pass through your milk and if it can harm your baby.
- you have kidney problems. ACTONEL may not be right for you.

Tell your health care providers that you are taking ACTONEL.

Many people have more than one health care provider who prescribes medicine or provides treatments. Be sure to tell all of your health care providers about the medicines that you take, including ACTONEL.

How should I take ACTONEL?

The following instructions are for both ACTONEL 5-mg (daily) and ACTONEL 35-mg (Once-a-Week):

- Take ACTONEL first thing in the morning before you eat or drink anything except plain water.
- Take ACTONEL while you are sitting or standing up.
- Take ACTONEL with 6 to 8 ounces (about 1 cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with coffee, tea, juice, milk, or other dairy drinks.
- Swallow ACTONEL whole. Do not chew the tablet or keep it in your mouth to melt or dissolve.
- After taking ACTONEL you must wait at least 30 minutes **BEFORE**
  - — lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
  - — eating or drinking anything except plain water.
  - — you take vitamins, calcium, or antacids. Take vitamins, calcium, and antacids at a different time of the day from when you take ACTONEL.
- Keep taking ACTONEL for as long as your health care provider tells you.
- For ACTONEL to treat your osteoporosis or keep you from getting osteoporosis, you have to take it as often and in the way it is prescribed.
- Your health care provider may tell you to take calcium and vitamin D supplements and to exercise.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5-mg daily (a yellow tablet)**

- Take 1 ACTONEL 5-mg tablet every day in the morning.
- If you forget to take your ACTONEL 5-mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 5-mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35-mg Once-a-Week (an orange tablet)**

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35-mg. Every week, take 1 ACTONEL 35-mg tablet in the morning on your chosen day.
- If you forget to take your ACTONEL 35-mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35-mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take the following products at or near the time you take ACTONEL: food, milk, calcium supplements, or calcium-, aluminum-, or magnesium-containing medicines, such as antacids. (See "How should I take ACTONEL?")

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your health care provider right away if:

- **swallowing is difficult or painful**
- **you have chest pain**
- **you have very bad heartburn or it doesn't get better**

ACTONEL may cause:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach and esophagus (the tube that connects the mouth and the stomach)
- pain in bones, joints or muscles, sometimes severe. Pain may start as soon as one day or up to several months after starting ACTONEL.

For patients with osteoporosis, the overall occurrence of side effects with ACTONEL was similar to placebo (sugar pill) and most were either mild or moderate. The most common side effects with ACTONEL include back pain, joint pain, upset stomach, abdominal (stomach area) pain, constipation, diarrhea, gas, and headache. Tell your health care provider if you have pain or discomfort in your stomach or esophagus. Rarely, severe skin reactions may occur. Patients may get allergic reactions such as rash, hives, or in rare cases, swelling that can be of the face, lips, tongue, or throat, which may cause trouble breathing or swallowing.

These are not all the possible side effects of ACTONEL. You can ask your health care provider or pharmacist about other side effects. Any time you have a medical problem you think may be from ACTONEL, talk to your doctor.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body-your heart, brain, or skin, for example. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with n bone.

Osteoporosis causes the body to remove more bone t replaces. This means that bones get weaker. Weak bo are more likely to break. Osteoporosis is a bone disea is quite common, especially in older women. Howeve young people and men can develop osteoporosis, too. Osteoporosis can be prevented, and with proper thera can be treated.

How can osteoporosis affect me?

- You may not have any pain or other symptoms wh osteoporosis begins.
- You are more likely to break (fracture) a bone espe you fall because osteoporosis makes your bones w You are most likely to break a bone in your back (s wrist, or hip.
- You may "shrink" (get shorter).
- You may get a "hump" (curve) in your back.
- You may have bad back pain that makes you stop activities.

Who is at risk for osteoporosis?

Many things put people at risk for osteoporosis. The fr people have a higher chance of getting osteoporosis.

Women who:

- are going through or who are past menopause change").
- are white (Caucasian) or Asian.

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone c corticosteroids) for a long time

General information about ACTONEL:

Medicines are sometimes prescribed for conditions th not mentioned in patient information leaflets. Do not ACTONEL for a condition for which it was not prescrit Do not give ACTONEL to other people, even if they ha same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important inform about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your health care pro or pharmacist. They can give you information writte health care professionals. For more information, cal 1-877-**ACTONEL** (toll-free) or visit www.actonel.co Full Prescribing Information.

What are the ingredients of ACTONEL?

ACTONEL (active ingredient): risedronate sodium

ACTONEL (inactive ingredients): crospovidone, ferric red (35-mg tablets only), ferric oxide yellow, hydrox cellulose, hydroxypropyl methylcellulose, lactose monohydrate, magnesium stearate, microcrystallin cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.

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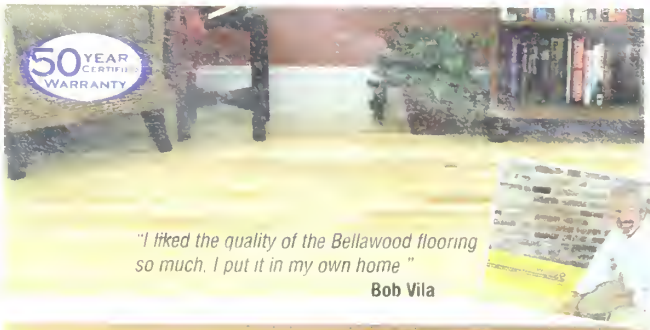
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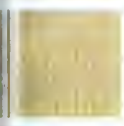




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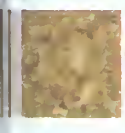


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HOW TO SPOT Sneaky Fat

Trans fats are the new dietary demon and are twice as bad as any other fat. To protect yourself, you need to do a lot more than just read the new food labels

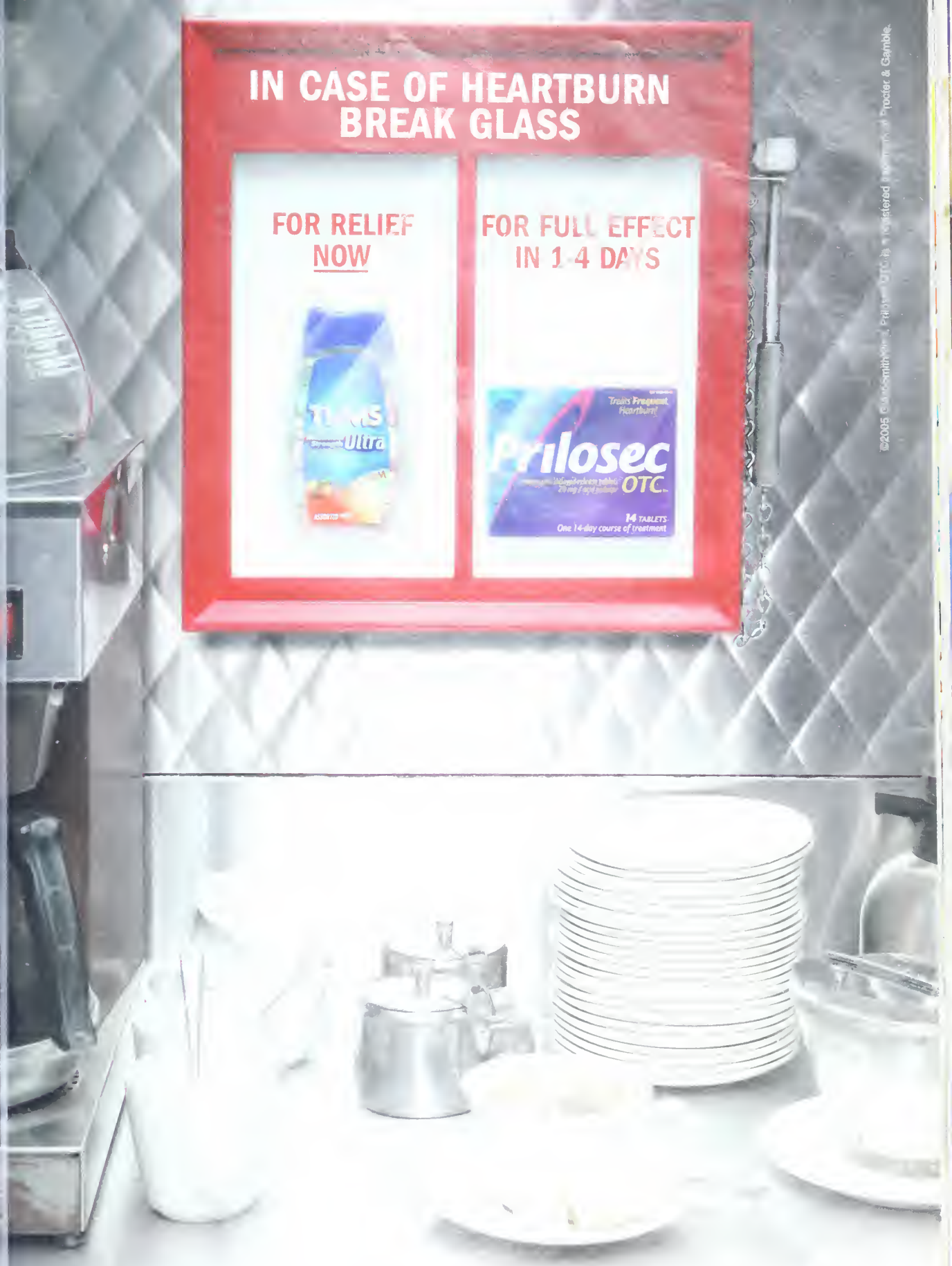
By Catherine Winters

Full disclosure: I am a baked-goods junkie. This is not something a health writer should admit. But it's my only vice. I am slim. I exercise regularly. And my eating habits are pretty healthy overall. I never have fast food, order fries maybe three times a year, remove the skin from my chicken, eat only lean red meat, drink skim milk and make most of my meals from scratch using fresh ingredients. But every afternoon, the sweets craving hits. I may have a few cookies or buy a cupcake at the bakery. Occasionally I lust after a brownie. Once a month I bake a pie.

So when my doctor called me recently to tell me that my cholesterol was still 21 (despite having banned cheese and butte from my kitchen and upping my exercis to reduce it from 225), I was shocked. "I'm practically a vegetarian!" I insisted. After hung up the phone, I wondered what wa wrong. Now I may have the answer: tran fatty acids.

Trans fats have been present in our na tion's food supply since early in the 20t century, lurking in many of the foods I lov (packaged cookies, brownies and piecrust some bakery pastries) and many of those avoid (fast-food fries, chips, prepared foods doughnuts).

Trans fats occur naturally in low levels i foods such as milk, beef and lamb, but th big problem comes from all the manufac tured fats we eat: They're what keep food from turning rancid on grocer store shelves and give croissant their flakiness. They CONTINUE



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n the alarm sounds for heartburn, think fast. Prilosec OTC® is not ided for immediate relief. It can take 1 to 4 days for full effect. But Tums ralizes acid on contact. There's nothing faster. And Tums has calcium.

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keep muffins moist, make fries and chips finger-licking good and satisfy my sweet tooth.

Though trans fatty acids account for only 5 to 10 percent of the fat in our diet, that's enough to wreak havoc on our cholesterol, clog our arteries and take a staggering toll on our hearts. "Trans fat is, gram for gram, twice as bad for your cholesterol score as saturated fat," says Meir J. Stampfer, M.D., professor of epidemiology and nutrition at the Harvard School of Public Health and a senior investigator for the Nurses' Health Study, an ongoing look at health issues confronting nearly 240,000 female nurses.

According to researchers, trans fats are to blame for anywhere from 70,000 to 288,000 heart attacks (fatal and nonfatal) in Americans each year. That's why as of this past January, the FDA requires all food manufacturers to list the trans-fat content of their products on food labels directly under the amount of saturated fat. (Some manufacturers started doing this voluntarily before the January 1 deadline.)

"Eating foods that contain trans fatty acids is like riding in a car without using a seat belt," says Michael F. Jacobson, Ph.D., executive director of the Center for Science in the Public Interest (CSPI), a Washington, D.C.–based consumer advocacy organization concerned with health and nutrition issues.

But here's the rub: While we know what a healthy level of saturated fat is (10 percent or less of your daily calories), no one knows what a healthy level would be for trans fatty acids. And worse, you can't always trust the new food labels. But there are ways to find the hidden fat even the label doesn't reveal.

THE TRANS-FAT TRAP

It's easy to rack up an unhealthy intake of trans fat. Take this 2,000-calorie diet. Just a few modest indulgences give you almost 5 percent of calories from trans fat.

	NO TRANS FAT	TRANS FATS
BREAKFAST	8 oz orange juice with calcium Coffee with 1 tbsp half-and-half	1 doughnut 3.19 grams
LUNCH	Ham on 2 slices rye bread with 1 slice nonfat American cheese 1 tsp. mustard 1 tbsp ketchup 1 bottle water	1 small fast-food french fries 3.43 grams
SNACK	1 8-oz glass skim milk	2 cookies 1.72 grams
DINNER	Spaghetti (1 cup) ½ cup chunky vegetable-style tomato sauce 1 small green salad with 2 slices tomato, 2 slices cucumber 1 tbsp vinaigrette 1 piece Italian bread 1 glass (3½ oz) white wine 1 cup fresh strawberries	2 tsp. stick margarine 1.24 grams
	TOTAL TRANS FAT	9.58 grams

What Is TRANS FAT?

TO UNDERSTAND WHAT A TRANS FAT IS YOU FIRST need a short primer on fats. Fats come in solid or liquid form and are a combination of saturated fat—which is bad for your heart—and unsaturated fat, which is not. Some fats are higher in saturated fat and others have more of the unsaturated variety.

Saturated fat, which raises cholesterol, is found in animal products—think butter, whole milk and steak—and in tropical oils such as palm and coconut. Unsaturated fats, which can lower LDL (bad) cholesterol, are always liquid and found in vegetable oils. They come in two forms: monounsaturated—olive and canola oils—and polyunsaturated—such as safflower, sunflower, corn and soybean oils. (All fats are calorie dense, so eat even good ones in moderation.)

Unlike the natural trans fats found in milk and some meats, man-made trans fatty acids are by-products of heating polyunsaturated liquid vegetable oil in the presence of hydrogen, which is done to create a fat that remains solid at room temperature and that won't go bad as quickly—useful traits for cooking. The resulting CONTINUED



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partially hydrogenated fat is the artery clogger. (In a similar process, polyunsaturated oil can be fully hydrogenated, which makes it even more solid. This form doesn't have quite as harmful an effect on cholesterol levels, but is less useful for cooking.)

Trans fats were developed because they're cheaper to produce in mass quantities than animal fats, such as butter, and they can be reheated over and over again without breaking down. In the '60s, when heart-disease concerns were raised about saturated fats, some research claimed that margarine—which is made from trans fats—was healthier than butter, and food makers began to use trans fats widely. But since the '90s, evidence has been accumulating that trans fats may be even worse for the heart than margarine.

We all know the dangers of saturated fat. It raises your LDL cholesterol, causing a buildup of plaque in your arteries, which in turn can cause heart disease. But at least saturated fat leaves your HDL alone, or slightly raises it (though you shouldn't turn to it to bump up your good cholesterol).

Trans fats, however, deliver a damaging one-two punch: They not only raise your LDL, they also lower your HDL. In one study, researchers found that replacing a diet high in heart-healthy monounsaturated fats (such as olive or canola oil) with a diet high in trans fatty acids increased LDL cholesterol by 14 milligrams per deciliter of blood and decreased HDL by 7 mg per deciliter. While replacing monounsaturated fat with saturated fat (such as butter) caused a similar rise in LDL, it had no effect on HDL. Trans fats also boost blood levels of C-reactive protein (CRP), a marker for inflammation that has been associated with heart disease, according to a study published in the *Journal of Nutrition*.

In fact, trans fats are so bad for the heart, says Dr. Stampfer, that if you replaced just 2 percent of the calories in your diet that now come from carbohydrates with trans fat, your risk for heart disease would skyrocket by 93 percent.

Hidden DANGERS

NO ONE KNOWS HOW MUCH trans fat a typical American eats—estimates range from 2.6 grams to 12.8 grams per day, according to the American Heart Association—or how much constitutes a safe amount. In adjusting our diets, how low should we go? The Institute of Medicine of the National Academy of Sciences recommends that levels be kept as low as possible, as does the government's Dietary Guidelines for Americans.

The new labels help, but not completely. The FDA is now permitting any food that contains less than 0.5 gram of trans fat to carry a label that proclaims 0 grams of trans fats or "not a significant source of trans fat." (Canada, on the other hand, draws the line at 0.2 gram.) "Some people will still get a significant amount of trans fat if there is 0.3 gram in one food and 0.2 gram in another," says Dr. Jacobson, whose organization has been leading the charge against trans fats in the food supply.

And, of course, food labels help you keep tabs on the trans-fat content of foods you buy at the grocery store only. There's no way to tell how much trans fat is in the CONTINUED

WHAT THE FOOD LABEL *DOESN'T* TELL YOU

If a label says zero trans fats, don't take that literally—or lightly. FDA rules let a manufacturer market a food as having no trans fats if it contains less than half a gram per serving. To find the truth read the ingredients list.

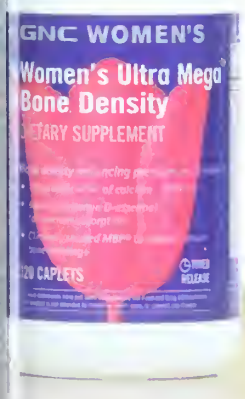
If it includes "partially hydrogenated vegetable oil," the food has a small amount of trans fat even if the label says zero. The higher up on the list the mention occurs, the more trans fat it has. (Remember, too, that "one serving" can be very small; the amount you actually eat will likely rack up even more fat.)

Sometime the ingredients label hides trans fats by using words that mask the truth. Here's how to find them anyway:

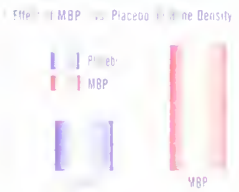
IF THE LABEL MENTIONS . . .	DOES IT HAVE TRANS FATS?
Partially hydrogenated oil	Yes
Fully hydrogenated oil	No
Shortening	Likely (may contain partially hydrogenated oil)
Hydrogenated oil	Possibly (it could be the partially hydrogenated type)



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IS BUTTER NOW BETTER?

Now that trans fats have been demonized, is it okay to switch back to butter or even lard when you cook or bake at home? Sadly, no. Both are high in artery-clogging saturated fat. Instead, use a monounsaturated oil, such as olive or canola oil, recommends Katherine Tallmadge, R.D., national spokeswoman for the American Dietetic Association. For best results, you may need a recipe that calls for oil; Tallmadge includes a few in her book *Diet Simple*. Another good source of recipes: *The Trans Fat Free Kitchen*, by Ronni Julien, M.S., R.D. We also like *The Sonoma Diet*'s Apple-Blueberry Tarts, a recipe with a canola-oil crust. There's also a trans fat–free vegetable shortening you can try for piecrust and other baked goods.

If you can't imagine Grandma's chocolate-chip cookies without butter or a family birthday party without the mocha cake from the neighborhood bakery, indulge. An occasional treat won't do in your health or your daily diet. Here's how some common shortenings and spreads stack up.

BUTTER

Derived from milk fat. High in saturated fat and cholesterol, but has zero trans fats. One tablespoon of extra-creamy unsalted stick butter has about 110 calories, 12 grams of total fat and 8 grams of saturated fat. One tablespoon of regular unsalted stick butter has about 100 calories, 11 grams of total fat and 8 grams of saturated fat. One tablespoon of whipped unsalted butter has roughly 50 calories, 6 grams of total fat and 3.5 grams of saturated fat.

MARGARINE

Made from vegetable fat; no dietary cholesterol. Stick margarine is high in trans fats, but the softer a margarine is, the fewer trans fats it contains. Case in point: Stick margarine has about 100 calories per tablespoon, 11 grams total fat and 5 grams of saturated and trans fat. One tablespoon of light margarine spread has around 40 calories and zero grams of saturated or trans fat.

VEGETABLE SHORTENING

Usually made from partially hydrogenated soybean and cottonseed oil. You can find zero trans fat versions of vegetable-oil shortening made from fully hydrogenated cottonseed oil. Both have the same calorie (110 per tablespoon) and total fat (12 grams) counts.

LARD

Melted, rendered pork fat (think of the fat that remains in the frying pan after you cook bacon). It's high in calories, artery-clogging fat and cholesterol. One tablespoon of pure lard has 115 calories, 12.8 grams of total fat and 5 grams of saturated fat.

carton of fries you devour at your favorite fast-food place, in the meal you order at a restaurant or in the cupcake you buy at the corner bakery. Restaurants and bakeries don't have nutrition-labeling requirements.

Avoid the SNEAKY FAT

IN RESPONSE TO HEALTH CONCERNS ABOUT trans fats, many food manufacturers have reformulated some or all of their products to reduce, or eliminate, trans fats. "People now have the option of choosing products made without partially hydrogenated fat," says Alice Lichtenstein, D.Sc., professor of nutrition science and policy at the Friedman School of Nutrition Science at Tufts University, in Boston.

For example, in anticipation of the labeling change, Frito Lay began listing the trans-fat content of its foods on labels in 2003. It also began eliminating trans fats from most of its products, including Cheetos, Doritos and Lays chips, by cooking them in corn and sunflower oils rather than hydrogenated oil. Kraft Foods has replaced many of its products, including Triscuits and Oreos, with trans fat–free versions. In December 2005, Kellogg announced it would reduce trans fats in some of its products, such as Cheez-It crackers and Pop-Tarts, by using a new soybean oil that reduces the need for hydrogenation.

How much will you miss the taste of trans fats? *Ladies' Home Journal* staffers did a blind taste test of the original Oreo and the new zero-trans-fat variety to see whether they could taste a difference. CONTINUED



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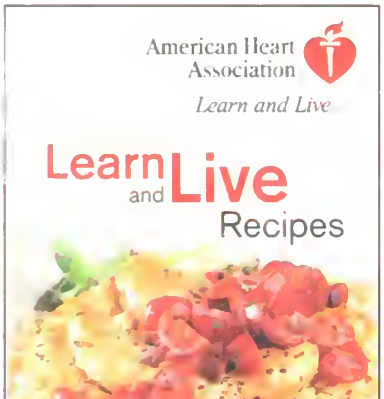
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The verdict? A three-way split: Some preferred the new cookie; others, the original; the rest liked both equally.

Whether you decide to banish trans fatty acids from your kitchen or eat as few as possible, you still need to scrutinize a packaged food's ingredients listing. One sign a food is not trans fat free: You'll see "partially hydrogenated oil" on the list (see "What the Food Label *Doesn't* Tell You," page 156, for more clues).

If you balk at reading labels each time you shop, Dr. Lichtenstein suggests visiting the Web sites of food manufacturers whose products you buy regularly. Read up on each food's nutrition information and create a shopping list of foods that are low in trans fats or trans fat free.

To make sure you don't overdo trans—or saturated—fats, add up the total amount of both fats listed on the food label, advises Katherine Tallmadge, R.D., national spokeswoman for the American Dietetic Association and author of *Diet Simple*. Then follow the heart-healthy guidelines established for saturated fat: If your LDL is lower than 130, don't exceed 10 percent of daily calories—or 22 grams—from saturated fats, based on a 2,000-calorie-a-day diet. If your LDL is above 130, don't get more than 7 percent of calories—or 15 grams per day—from saturated fats. No more than 1 percent of daily calories should come from trans fats—if that!

Navigating your way through a restaurant menu or bakery will be trickier. Some restaurants, such as Legal Sea Foods, no longer use partially hydrogenated oil. In August 2005, the New York City Department of Health and Mental Hygiene asked city restaurateurs and food suppliers to voluntarily eliminate partially hydrogenated oils from their kitchens. And the Tiburon, California–based group BanTransFats actually got all 18 restaurants there to agree to a ban, making Tiburon America's first "Trans Fat–Free City." (For the latest news on trans fats, go to *www.bantransfats.com* or *www.transfreeamerica.org*, a project of CSPI.)

But many restaurants have not embraced the trans fat–free movement. You can question the waitstaff about the oil a food is cooked in, but they may not know. Sometimes even chefs don't know: A restaurant that refrains from frying in partially hydrogenated oil may still serve foods precooked in it by a food distributor.

As vital as it is to minimize trans fats, it's best not to fixate on them the way some people did on, say, low-fat cookies or low-carb foods. "No one food is ever going to make much of a difference on its own," says Marion Nestle, Ph.D., M.P.H., professor of nutrition, food studies and public health at New York University, in New York City, and author of *What to Eat: An Aisle-by-Aisle Guide to Savvy Food Choices and Good Eating*. "Rather it's the totality of what people eat that counts."

Dr. Nestle calls trans fats "calorie distractors," and on this matter she's not alone. Overeating is at the root of our nation's obesity crisis, and many experts worry that focusing on trans fats will shift attention away from the need for a balanced, nutritious diet and portion control. "The biggest health challenge for most Americans is eating fewer calories," says Dr. Lichtenstein. An occasional slice of pie, even with trans fats, won't kill you. Just don't have one too often.

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a side dish with a festive side.



CAMPBELL'S GREEN BEAN CASSEROLE

Prep Time: 10 min. Bake Time: 30 min.

2 cans (10 3/4 oz. each) Campbell's Cream of Mushroom Soup (Regular or 98% Fat Free)
1 cup milk
2 tsp. soy sauce
1/4 tsp. ground black pepper
8 cups cooked cut green beans
2 2/3 cups French's French Fried Onions

Mix soup, milk, soy sauce, black pepper, beans and 1 1/3 cups onions in 3-qt. casserole. Bake at 350°F for 25 min. or until hot. Stir. Sprinkle with remaining onions. Bake 5 min. Serves 10.

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A Deal of a Meal

When game night is at your place, don't settle f uninspired snacks. This sim satisfying buffet will be yo ace in the hole

It's poker night (or Monopoly or Scrabble, depending on your fancy) and the gang's all here, but who wants ho-hum chips and dips? Instead, sweeten the pot with a hearty, easy-to-eat dinner. Popcorn punched up with parmesan and sage and a savory pesto with veggies are sure to whet appetites. Then set up a buffet of lasagna with goat cheese and spicy broccoli rabe so guests can easily help themselves and you won't miss any action at the table. By the time you serve Playing Card Ice Cream Sandwiches for dessert, it won't matter who has been holding or folding—everyone will agree that the meal has been the real winner.

PHOTOGRAPHED BY CHERYL ZIBISKY

RECIPES AND FOOD STYLING BY LORI POWELL



our-Cheese ushroom Lasagna

ERVES 12

ep time: 1 hr 15 min

otal time: 2 hrs 20 min

itchen cue: Adding a splash of orange juice to ur tomatoes imparts sweetness to the sauce, ving it the flavor of freshly picked ripe ened tomatoes.

2 tablespoons olive oil, plus additional for pans

3 medium onions, finely chopped

½ teaspoon dried oregano crumbled

6 garlic cloves, finely chopped

3 cans (28 to 32 oz) crushed tomatoes in thick puree

¼ cup fresh orange juice

3 containers (10 oz each) white mushrooms, trimmed and quartered

2 tablespoons unsalted butter

¼ teaspoon dried thyme, crumbled

1 container (15 oz) part-skim ricotta

1 log (8 oz) plain soft goat cheese, softened

12 (7- by 6-inch) no-boil lasagna sheets, about 1 lb

¾ lb (3 cups) part-skim mozzarella, coarsely grated

1½ cups finely grated fresh parmesan

♣ Heat oil in a 5 quart pot CONTINUED



over moderate heat. Add two-thirds of onion and cook, stirring, until softened, about 3 minutes. Add oregano and garlic; cook, stirring, 1 minute. Stir in tomatoes with purée; simmer, stirring occasionally, until slightly thickened and reduced to 8½ cups, about 50 minutes. Stir in juice; salt and pepper to taste.

♣ Pulse mushrooms, in batches, in a food processor until finely chopped. Melt butter in a large skillet over moderate heat and add remaining one-third of onion; cook, stirring, until softened, about 3 minutes. Add mushrooms and thyme; cook over moderately high heat, stirring occasionally, until liquid evaporates and mushrooms begin to turn golden brown, about 20 minutes.

♣ Stir together ricotta, goat cheese and freshly ground black pepper to taste in a bowl until combined well. Mix half of cheese mixture with mushrooms.

♣ Preheat oven to 375°F. Arrange rack in middle of oven. Coat two 13- by 9-inch glass dishes with oil. Soak lasagna sheets in a shallow pan of hot water until softened and pliable, about 10 minutes.

♣ Evenly spread 1½ cups sauce in bottom of each dish. Top each with 2 drained noodles, overlapping if necessary. Evenly spread each with half of mushroom cheese mixture. Sprinkle each with ½ cup mozzarella and ¼ cup parmesan.

♣ Top each with 2 drained noodles, then 1½ cups sauce and divide remaining ricotta mixture between the two, spreading evenly. Sprinkle each with ½ cup mozzarella and ¼ cup parmesan.

♣ Finish with remaining 2 drained noodles and divide remaining sauce between dishes, spreading evenly. Cover with aluminum foil and bake in middle of oven until puffed and sauce is bubbling, about 30 minutes. Remove foil and sprinkle tops with remaining mozzarella and parmesan. Bake, uncovered, until cheese melts, about 10 minutes. Remove from oven and let lasagna stand 15 minutes before cutting into squares and serving.

Per serving: 505 calories, 22 g total fat, 12 g sat fat, 805 mg sodium, 52 g carbs, 560 mg calcium, 56 mg chol, 28 g protein, 4 g fiber

Toasted Pignoli Pesto Dip

SERVES 12

Prep time: 15 min

Total time: 1 hr 15 min

Kitchen cue: We used a store-bought basil pesto to make this dip, but it would be equally delicious with cilantro or arugula pesto.

- 1 tablespoon olive oil
- 1 cup pignoli nuts (pine nuts)
- 1½ cups low-fat plain yogurt
- ¼ cup purchased basil pesto
- 1 small head cauliflower, cut into florets and halved lengthwise
- ½ lb snow peas
- ½ lb green beans, trimmed
- 3 heads Belgian endive, trimmed, leaves separated

♣ Heat oil in a medium skillet over moderate heat. Add nuts and cook, stirring, until golden brown. Transfer to paper towels to drain. Season with salt and pepper; cool.

♣ Pulse together nuts, yogurt and pesto in a food processor until almost smooth. Transfer mixture to a serving bowl; salt and pepper to taste. Chill dip, covered, at least 1 hour before serving.

♣ Bring a large pot of water to a boil; add salt and cook cauliflower, stirring, until crisp tender, about 4 minutes. Transfer with a slotted spoon to a bowl filled with ice and cold water. Cook snow peas and beans in boiling water, stirring occasionally, until crisp tender, about 30 seconds for snow peas and 3 minutes for beans. Drain in a colander. Transfer to bowl with ice and cold water; stir until cool. Drain vegetables in colander and pat dry with paper towels.

♣ Arrange vegetables on a platter and serve with dip.

Per serving: 135 calories, 9.5 g total fat, 2 g sat fat, 69 mg sodium, 8 g carbs, 90 mg calcium, 3 mg chol, 6 g protein, 2 g fiber

Broccoli Rabe With Hot-Pepper Flakes and Lemon

SERVES 12

Prep time: 25 min

Total time: 35 min

Kitchen cue: If you can't find broccoli rabe, regular broccoli is fine. Cooking time will be 1 to 2 minutes less.

- 3 lbs broccoli rabe, trimmed
- 5 tablespoons extra-virgin olive oil

CONTINUE

Easy to make. Hard to resist.



15 Minute Prep

Angel Luau with Pineapple

Prep: 15 minutes

1 pkg. (4-serving size) JELL-O Vanilla Instant Pudding

1 can (20 oz.) DOLE® Crushed Pineapple in juice, undrained

1 tub (8 oz.) Cool Whip Whipped Topping

1 pkg. (10 oz.) angel food cake

1 pint strawberries

MIX dry pudding and pineapple with juice in large bowl. Add topping.

CUT cake horizontally into 3 layers.

PLACE bottom cake layer on serving plate. Spread with 1/3 of the pudding mixture. Top with second cake layer. Spread with 1/2 of the remaining pudding mixture. Top with remaining cake layer. Spread with remaining pudding mixture.

Refrigerate at least 1 hour or until ready to serve. Garnish with strawberries.

For more delicious recipes and tips, visit





- 5 garlic cloves, thinly sliced
- ¼ teaspoon hot-pepper flakes
- 2 tablespoons fresh lemon juice, plus lemon wedges for garnish

♥ Bring a large pot of water to a boil. Add salt and cook broccoli rabe in batches until just crisp tender, about 2 minutes. Drain broccoli rabe in colander and pat dry.

♥ Heat 2 tablespoons oil in a large nonstick skillet over moderate heat until hot but not smoking. Add garlic and hot-pepper flakes; sauté, stirring constantly, until garlic turns golden, about 1 minute. Transfer with a slotted spoon to a large serving bowl. Sauté broccoli rabe in 3 batches in same skillet over moderately high heat (adding remaining 3 tablespoons oil between batches), stirring occasionally, until golden brown, about 2 minutes. Transfer to serving bowl, as cooked. Toss with juice; salt and pepper to taste. Serve with lemon wedges.

Per serving: 70 calories, 6 g total fat, 1 g sat fat, 43 mg sodium, 4 g carbs, 27 mg calcium, 0 chol, 2 g protein, 0 fiber

Playing Card Ice-Cream Sandwiches

MAKES 14 SANDWICHES OR 28 COOKIES

Prep time: 50 min

Total time: 7 hr 20 min

Kitchen cue: The cutters are sold as part of a 12-piece set at www.jbprince.com *for $89.*

- 3 cups all-purpose flour
- 2 teaspoons baking powder
- ¼ teaspoon salt
- ¾ cup unsalted butter, at room temperature
- ¾ cup packed light brown sugar
- 3 large eggs at room temperature
- ¾ teaspoon vanilla extract
- ¼ cup white decorating sugar
- 1 pint vanilla ice cream
- 1 pint chocolate ice cream

♦ Whisk together flour, baking powder and salt in a medium bowl. Beat together butter and sugar in a large bowl with an electric mixer on medium speed until light and fluffy, about 2 minutes. Add 2 eggs and the vanilla; beat until combined well. Reduce speed to low and gradually add flour mixture, beating until just combined.

♦ Transfer to a lightly floured surface and knead until dough holds together. Flatten into a disk, wrap well in plastic wrap and chill until firm, about 2 hours.

♦ Preheat oven to 350°F. Arrange racks in upper and lower thirds of oven. Lightly grease 2 large cookie sheets.

♦ Unwrap disk and roll out dough on a lightly floured surface with a floured rolling pin to about 13 inches in diameter and ¼ inch thick. Cut dough into a 12-inch square, then cut square into 24 (2- by 3-inch) rectangles. Roll out remaining dough scraps to make 4 more cookies. Using heart, spade, diamond and club cookie cutters, cut out shapes in the upper left-hand corner, middle and lower right-hand corner of rectangles. Transfer to prepared cookie sheets, 1 inch apart. Lightly beat remaining egg and brush over cookies. Sprinkle with decorating sugar.

♦ Bake until pale golden, switching positions halfway through, 10 to 12 minutes. Transfer cookies on sheets to racks and cool until firm, about 2 minutes. Using a metal spatula, transfer cookies to racks and cool completely.

♦ Remove one pint of ice cream from freezer to soften 15 minutes before assembling sandwiches. Place 2 cookies, bottom sides up, on work surface and top 1 cookie with about ½ cup ice cream; cover with other cookie, pressing down gently. Using your finger or a knife, even out the sides, being careful not to get ice cream on the edges of the cookies. Wrap tightly in plastic wrap and immediately place cookie sandwich in freezer. Repeat to make 6 more sandwiches, freezing as each is assembled. If ice cream gets too soft, freeze a few minutes to harden slightly. Repeat process with second pint of ice cream and cookies to make the remaining 7 sandwiches.

♦ Allow ice-cream sandwiches to set in the freezer at least 4 hours before serving.

Per serving: 310 calories, 12.5 g total fat, 7 g sat fat, 122 mg sodium, 46 g carbs, 91 mg calcium, 78 mg chol, 5 g protein, 1 g fiber

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5 Healthy

Make the most of the season's succulent vegetables with these fantastic fuss-free meals



Pan-Seared Chicken Breasts With Olive Relish on Warm Lentil Salad

PHOTOGRAPHED BY AMY KALYN SIMS RECIPES AND FOOD STYLING BY LORI POWELL

Spring Suppers

Pan-Seared Chicken Breasts With Olive Relish & Warm Lentil Salad

SERVES 6

Prep time: 35 min

Total time: 1 hr

Kitchen cue: French green lentils retain their shape and texture better than the more common larger lentils. Because they cook in about the same time, you can use either for this recipe.

- ⅓ cup chopped pitted kalamata and green olives
- ¾ cup finely chopped celery
- 2½ tablespoons fresh lemon juice
- 1 tablespoon chopped red onion
- 3 teaspoons chopped fresh thyme
- 2 tablespoons plus 2 teaspoons extra-virgin olive oil
- 1½ cups dried French green lentils
- ½ cup chopped fresh flat-leaf parsley
- ¼ cup crumbled plain soft goat cheese
- 2 lbs boneless skinless chicken breasts

For olive relish, stir together olives, cup celery, 1 tablespoon juice, the ion, 1½ teaspoons thyme and teaspoon oil in a bowl; salt and epper to taste.

Bring 6 cups water to boil with lentils a large saucepan and simmer until ntils are tender, about 20 minutes. rain well and transfer to a bowl. Stir remaining ¼ cup celery, 2½ table- oons juice, 1½ teaspoons thyme, the arsley, goat cheese and 2 tablespoons ive oil; salt and pepper to taste. Keep arm, covered.

Rinse chicken and pat dry; season with salt and pepper. Heat remaining 1 teaspoon oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add chicken and cook, turning once, until golden brown and cooked through, about 17 minutes. Transfer chicken to a cutting board and let stand 5 minutes. Cut chicken crosswise into ¾-inch thick slices and serve over lentils. Top with olive relish.

Per serving: 420 calories, 11 g total fat, 2 g sat fat, 327 mg sodium, 30 g carbs, 75 mg calcium, 92 mg chol, 50 g protein, 6 g fib



Sautéed Shrimp and Mushrooms on Smashed New Potatoes and Peas

Where to Find It, page 178

Sautéed Shrimp and Mushrooms on Smashed New Potatoes and Peas

SERVES 4

Prep time: 40 min

Total time: 40 min

CONTINUED



Spiced Halibut on Tabbouleh Salad

Kitchen cue: Wild morels are the classic spring mushroom. Keep small ones whole and halve the larger ones lengthwise.

- 1½ lbs small (2 inches in diameter) red and white new potatoes
- 3 tablespoons extra-virgin olive oil
- 1 box (10 oz) frozen peas, thawed
- 8 oz small white or morel mushrooms, ends trimmed and quartered
- 4 tablespoons dry white wine
- 1 lb large shrimp, peeled and deveined
- ¼ cup small fresh mint leaves

◆ Place potatoes in a 4-quart pot and cover with cold water by 2 inches. Bring to a boil, add salt and simmer until potatoes are tender, about 25 minutes. Drain in a colander and return potatoes to pot with 1½ tablespoons oil; coarsely mash with fork. Stir in peas; salt and pepper to taste. Keep warm, covered.
◆ Heat ½ tablespoon oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add mushrooms and sauté, stirring, until golden brown, about 4 minutes. Add 2 tablespoons wine and cook until liquid evaporates. Transfer mushrooms to a bowl. Add remaining 1 tablespoon oil and the shrimp to skillet; sauté over moderately high heat, turning once, until golden brown and almost cooked through, about 2 minutes. Add remaining 2 tablespoons wine and cook until liquid evaporates. Transfer to bowl; salt and pepper to taste.
◆ Serve shrimp and mushrooms over potatoes. Sprinkle with mint leaves.

Per serving: 380 calories, 13 g total fat, 2 g sat fat, 230 mg sodium, 41 g carbs, 96 mg calcium, 140 mg chol, 27 g protein, 7 g fiber

Spiced Halibut on Tabbouleh Salad

SERVES 4

Prep time: 45 min

Total time: 55 min

Kitchen cue: From the Middle East, tabbouleh is made with bulgur wheat, located in the grain section of supermarkets and health food stores.

- 1¼ cups bulgur
- 5 large plum tomatoes, finely diced
- 1 cup finely chopped fresh flat-leaf parsley
- 1 cup finely diced seedless cucumber
- ½ cup finely chopped scallion, green part only
- 3 tablespoons chopped fresh dill
- 3 tablespoons fresh lemon juice
- 2 tablespoons plus 1 teaspoon extra-virgin olive oil, plus additional for baking sheet
- 4 (6 oz each) halibut fillets
- ¼ teaspoon ground cumin
- ¼ teaspoon sweet or hot paprika
- 1 large pinch cinnamon

◆ For Tabbouleh Salad, place bulgur in a large heatproof bowl and pour in 3 cups boiling water; stir and cover. Let bulgur soak until tender, about 40 minutes. Drain in a fine-mesh sieve and transfer to a dry bowl. Stir in tomatoes, parsley, cucumber, scallion, dill, juice and 2 tablespoons oil; salt and pepper to taste.
◆ Preheat broiler. Lightly oil a baking sheet. Rinse halibut and pat dry. Arrange on prepared baking sheet and brush tops with remaining CONTINUED

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Stir-Fried Tofu With Bok Choy, Shiitake Mushrooms and Snow Peas

1 teaspoon oil. Stir together cumin, paprika, cinnamon and season with salt; sprinkle over halibut.

◆ Broil about 4 inches from flame without turning until golden on top, about 4 minutes. Turn broiler off and turn oven on to 450°F; roast halibut until just cooked through, about 4 minutes more. Serve over Tabbouleh Salad.

Per serving: 445 calories, 14 g total fat, 2 g sat fat, 112 mg sodium, 39 g carbs, 126 mg calcium, 54 mg chol, 42 g protein, 10 g fiber

Stir-Fried Tofu With Bok Choy, Shiitake Mushrooms and Snow Peas

SERVES 4

Prep time: 40 min **Total time:** 40 min

Kitchen cue: Tofu, or bean curd, is a wonderful food that absorbs other flavors such as the teriyaki sauce used in this recipe.

- 2 tablespoons vegetable oil
- ¾ lb fresh shiitake mushrooms, stems discarded and caps quartered
- ½ lb baby bok choy, trimmed, leaves separated and cut crosswise into 1-inch-thick pieces
- ⅓ cup snow peas, trimmed
- 1 tablespoon finely chopped garlic
- 1 package (14 oz) firm tofu, patted dry and cut crosswise into eight ¼-inch-thick slices
- 3 tablespoons purchased sweet teriyaki marinade or sauce

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Balsamic Roast Pork Tenderloin With Asparagus and Leeks

◆ Heat 1 tablespoon oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add mushrooms and sauté, stirring, until golden brown, about 6 minutes; transfer to a bowl. Add ½ tablespoon oil, the bok choy, snow peas and garlic to skillet; sauté until crisp tender, about 3 minutes. Transfer to bowl.

◆ Pat tofu slices dry and season with salt and pepper. Heat remaining ½ tablespoon oil in skillet. Add tofu and cook, turning once, until golden brown, about 5 minutes. Add 1 tablespoon teriyaki and cook tofu, gently stirring, 30 seconds. Transfer tofu with sauce to a plate. Return vegetables to skillet, add remaining 2 tablespoons teriyaki and cook, stirring, 1 minute. Serve hot, alternately stacking tofu with vegetable mixture.

Per serving: 175 calories, 11 g total fat, 1.5 g sat fat, 567 mg sodium, 10 g carbs, 272 mg calcium, 0 chol, 12 g protein, 3 g fiber

Balsamic Roast Pork Tenderloin With Asparagus and Leeks

SERVES 4

Prep time: 30 min

Total time: 1 hr 25 min

Kitchen cue: To trim asparagus, snap off and discard the bottoms. To clean leeks, halve lengthwise and soak in a bowl of cold water; when sand settles to bottom of bowl, lift leeks out of water.

- 1 (1 lb) pork tenderloin
- ¼ cup balsamic vinegar
- 3 tablespoons chopped garlic
- 1 teaspoon coarsely ground black pepper
- 1 teaspoon olive oil, plus additional for baking sheet
- 1 bunch (1 lb) thin leeks, trimmed
- ½ lbs medium asparagus, stems trimmed

Rinse pork and pat dry. Stir ogether vinegar, garlic and epper in a cup. Place in a large eavy-duty resealable plastic bag ith pork and seal, turning until oated well. Marinate at room mperature, turning bag ccasionally, 30 minutes.

Preheat oven to 450°F. Arrange ack in middle of oven. Lightly l a baking sheet. Cut off dark- reen tops from leeks and reserve r another use. Halve, length- ise, the remaining white and ale-green part of leek and clean ee cue). Arrange asparagus and eks in a single layer on prepared aking sheet. Toss with oil; ason with salt and pepper.

Remove pork from marinade nd place on vegetables. Pour arinade over pork; season with lt. Roast, turning pork and egetables halfway through, until n instant-read thermometer serted in center of pork egisters 150°F and vegetables e tender, about 30 minutes.

Let pork stand in pan 10 inutes before carving into -inch-thick slices. Arrange pork ices over vegetables on a rving platter.

er serving: 250 calories, 9 g total t, 2.5 g sat fat, 71 mg sodium, 15 g rbs, 81 mg calcium, 75 mg chol, 9 g protein, 2 g fiber

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Hope.











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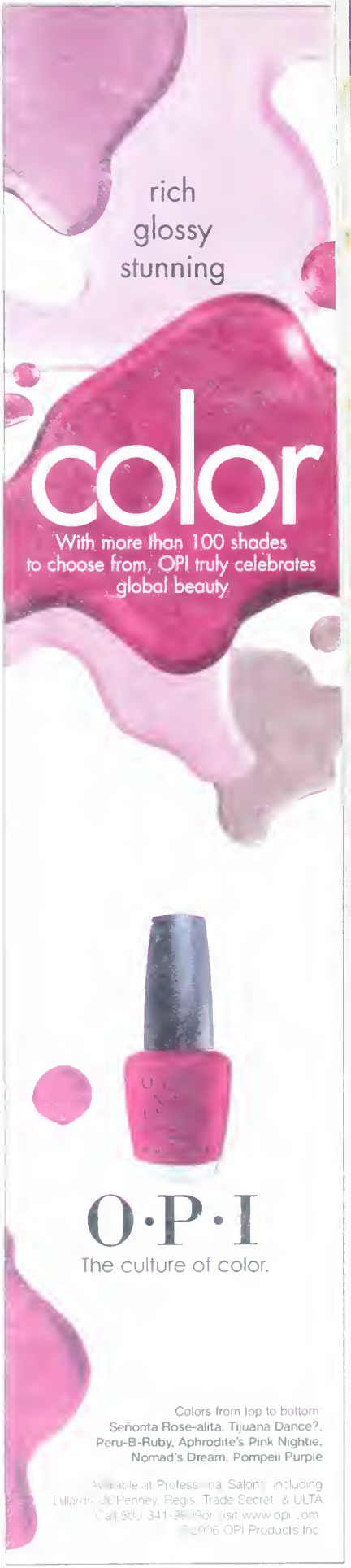
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welcome









I was thrilled to be able to personally give Teri Hatcher (1), star of *Desperate Housewives*, her award for being our Favorite Funny Lady of 2006 at a party at the Cabana Club in Hollywood in February. Dayna Devon (2) of *Extra* was my cohost. Our other comely comics included Tichina Arnold (3) of *Everybody Hates Chris* and Leah Remini (4) of *The King of Queens*.

Here at *Ladies' Home Journal*, we routinely bring you insightful, touching, smart and useful information about modern motherhood. But during the month of May it's more on our minds than usual. In addition to the two very special stories mentioned below, I believe you'll also thoroughly enjoy our visit with cover star Candice Bergen, herself the mom of a college-age daughter (see page 136). Blythe Danner talked to us about the funny and surprising joys of being a grandma—her daughter is, of course, Gwyneth Paltrow, who was pregnant with her second child at the time of our interview (turn to page 146). Speaking of pregnant people, if you have one in your life, don't miss the very helpful "A Baby Shower With Flower Power" (page 202).

If you're a mom yourself, give yourself the gift of good health. After you read "This Is Your Body on Stress" (page 188), I think you'll be convinced that the stress that arises from our hyper-busy lives is not something we should ignore. So be kind to yourself and follow our get-healthy advice. For more pampering, dive into "Skin-*sational!*" (page 40), which spells out a simple plan for getting gorgeous skin. And if your family members are still looking for good Mother's Day presents, you might want to strategically leave this story somewhere they will be sure to see it!

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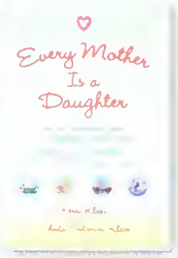
Ladies' Home Journal is going to Slidell, Louisiana, to join a Habitat for Humanity build for this town's families who were among those hit so hard by Hurricane Katrina. If you want to make a contribution specifically to this build, send your check, made out to East St. Tammany Habitat for Humanity, to Habitat Louisiana Build, c/o *Ladies' Home Journal*, 125 Park Avenue, 20th floor, New York, NY 10017. *Ladies' Home Journal* will match donations received during the month of April up to a maximum of $5,000.

WIN IT

MOTHER–DAUGHTER LOVE

"The Language of Love," by Jeanne Marie Laskas (starting on page 65), and "To Stir, With Love," by Perri Klass and Sheila Solomon Klass (see page 84), are both excerpts from these writers' new books. If you enjoy these articles, you may want their books.





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Diane Salvatore

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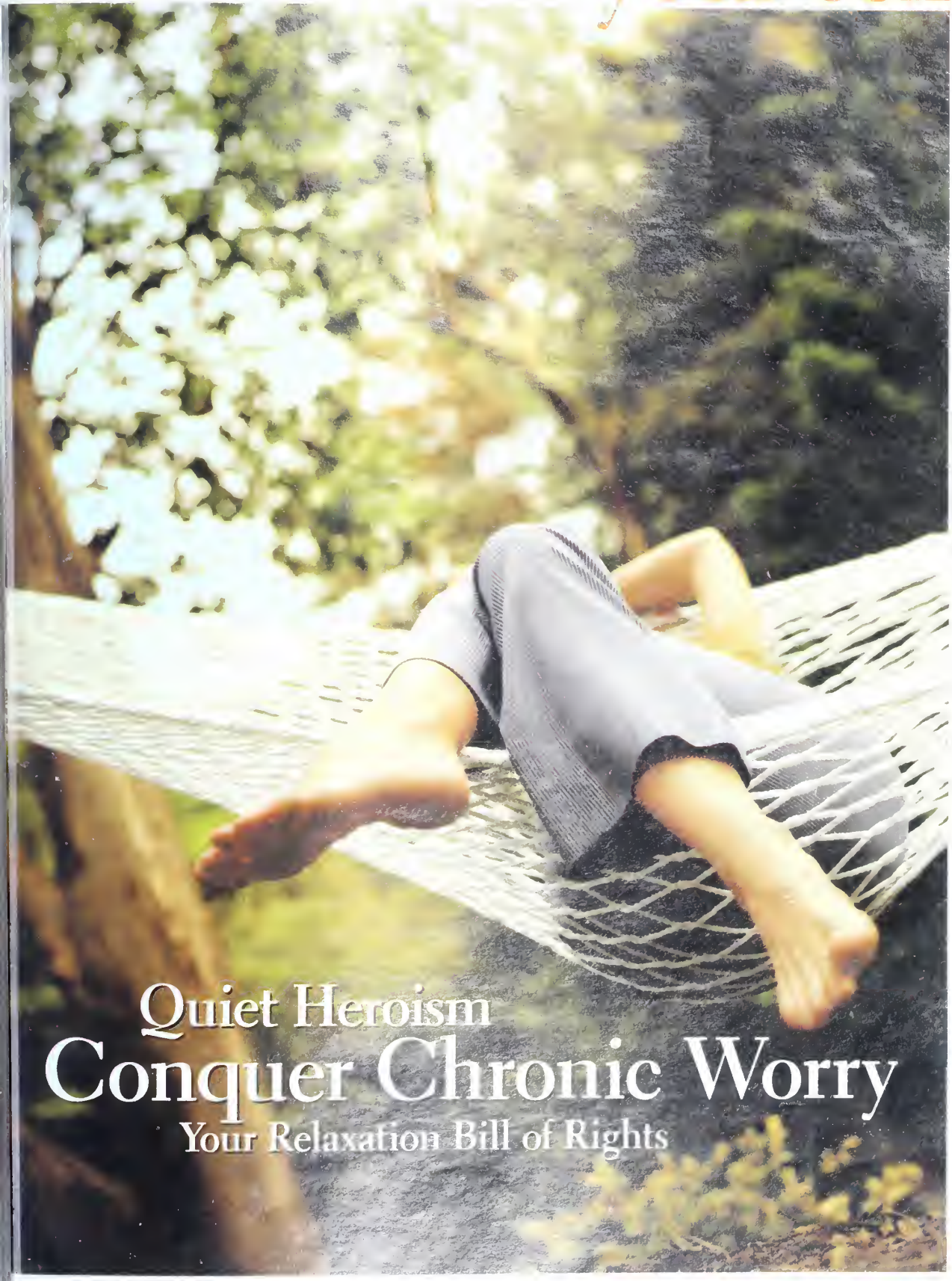
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WHY WOMEN ARE MORE HEROIC

When you see ground zero firefighters or combat soldiers honored for their derring-do, you might think that men have a monopoly on heroism. Not so. New research shows that women can be the more heroic sex, but our valor tends to be acted out on less high-profile stages, says Alice Eagly, Ph.D., professor of psychology at Northwestern University, in Evanston, Illinois.

Dr. Eagly examined the gender divide in risk-taking scenarios that didn't require brawn or military training, including hiding Jews from Nazis, donating organs and doing dangerous volunteer work such as serving in the Peace Corps. She found that in these areas women significantly outnumbered men. "Heroism requires taking risks," says Dr. Eagly, "but it also requires giving of yourself to others, a classically female trait." So why haven't women heroes gotten their due? Our understated heroism is "more private and low-profile." So next time you stand up to a bigot or a bully, remember—you're a hero, too. *—Katie Brophy*



Kicking Back Is Hard to Do

After you've carved out an hour or two of free time and resolved to forget family and work obligations, do you *still* find it hard to relax? You're not the only one. A new study suggests that even when women are given more free time, they don't feel any less rushed. For men, on the other hand, the more leisure they have, the more relaxed they feel. The reason is that women are more likely than men to feel the pressures of looking after the kids and cleaning the house, even when they've technically got free time, according to study coauthor Liana C. Sayer, Ph.D., assistant professor of sociology at Ohio State University, in Columbus. To ease the stress, try not to combine your free time with obligations, like doing chores or running errands. Go out for coffee with a friend or try out a yoga class so that your free time really *is* free. *—Melissa Kirsch*

What's It *"Aawww"* About?

Can't stop yourself from going all mushy when you see a kitten's innocent wide eyes or a baby's chubby little cheeks? There may be more behind your gushing than you realize.

It's not news that we're all charmed by anything that reminds us of infant characteristics, from dimples to Hello Kitty, thanks to our species' evolutionary need to protect our young. We're hardwired to adore "cute" cues to ensure that babies and children get the help they need to survive.

But recent research has discovered that it's not just our nurturing response that makes us love those warm fuzzies. Looking at cute stimuli may give us a buzz similar to that set off by chocolate, sex and drugs, says Stephan Hamann, Ph.D., associate professor of psychology at Emory University, in Atlanta. When Dr. Hamann showed subjects images of baby seals and puppies, brain scans revealed increased activity in the ventral striatum, an area responsible for pleasure, and the amygdala, an area responsible for fear, arousal and pleasure. So next time you're feeling down, don't snuggle up to a candy bar; try a kitten instead. *—K.B.*

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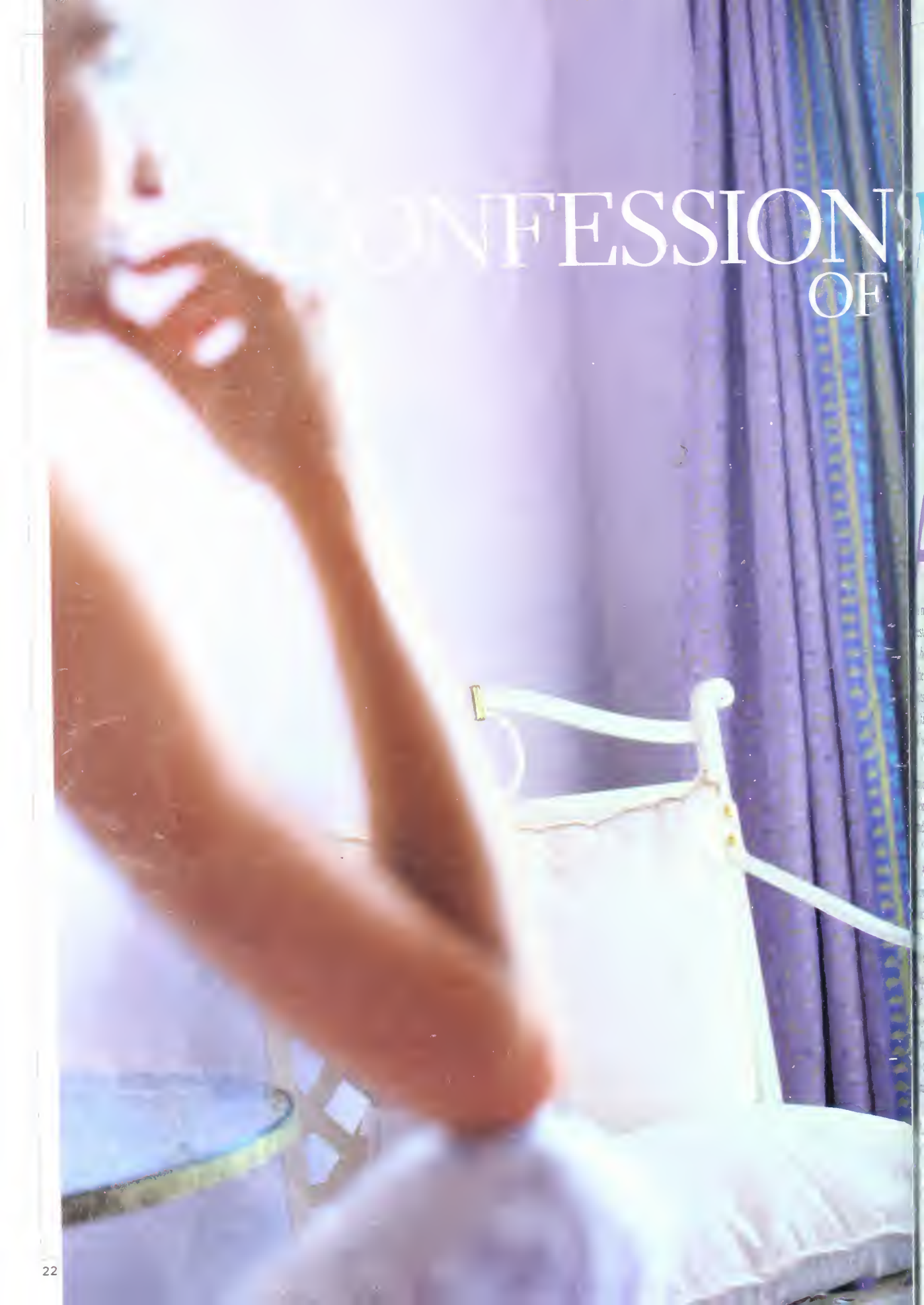
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CONFESSION OF

WORRYWART

Even as a child I already had the anxiety level of a 45-year-old. Now that I'm officially middle-aged, I no longer resist my inner nervous Nellie

By Antonya Nelson

As a young child I would lie n my bed wide awake for hours after the 'est of my family had gone to sleep. It was ı big house, and we were a big family, so ıfter the clatter had died down and even the ɔets had settled, the stillness would provide ı kind of helpful backdrop to my bouts ɔf worrying.

"Why can't you fall asleep?" my weary nother would ask when I couldn't stand ɔeing alone any longer with my anxiety ınd called out to her for comfort.

"I'm worried," I would reply.

About what? I didn't know. I still don't .now. Intruders, illness, car crashes, clowns, ıuclear war. I have a busy fantasy life. I bite ny nails, I am a hypochondriac. I write tories and novels in which awful things ıappen to people not so very different from ıyself. Sometimes I think this practice is a vay of warding off these actual events.)ther times I worry that the exact opposite ; true, that writing about an event will ring it crashing down on me.

Another scene from my overly sensitive hildhood: I lost my first tooth vhen I was 3 years old, swimming t the YMCA. One day, when I vas gnawing on my inner tube, a front tooth flew out of my mouth. I had no idea teeth came out; to me, it was like losing an eyeball or little toe. I nearly drowned in my panic. After it had been explained to me—the fairy, the profit margin—I made my older brother dive for a long time in search of that valuable body part.

I had some siblings to look after, both older and younger. We're spread apart, the five of us, so while my oldest brother was getting in trouble for skipping out on high school, my youngest sister was still in diapers. That's a lot of territory to cover for a worrier. Sometimes I was joined in my fretting (and in my extreme caution, a close cousin of worrying) by my brother David, who is only two years younger than me, and also situated in the middle of the sibling spectrum.

What a pathetic pair we were at Joyland, our city's amusement park. For our straight A's (cautious, worried, old-before-their-time youth always make straight A's), we'd been awarded free tickets to ride the rides. And we felt obligated to use them, lest we seem ungrateful and wasteful. Yet we hated those rides; what was the point? "It's like being a cat in a clothes dryer," David complained, terror stricken, as we swung around on the nauseating Ferris wheel. We envied our legitimately middle-aged father, who sat below us reading a book on a bench like a sane person. After we'd dutifully spent all of our free tickets, we sighed with relief and piled back into the CONTINUED

car, locked the doors, buckled our seat belts and returned home.

Most of the time, however, I suffered alone in my worldly wizened self. Anointed babysitter for the younger kids when the grown-ups were out for the night, I paced the house, locking doors and turning on lights, jamming broom handles under beds, shrieking into the closets to scare out intruders. At 12, fearing his early demise, I ratted out my father when he took up smoking cigarettes after a 20-year hiatus, organizing a campaign of guilt-inducing notes and pictures to be placed strategically in his pants pockets and underneath his razor, taped onto the mirror where he faced himself every morning. At 14 I was the one who quit speaking to my brother when he foolishly divorced his first wife, whose hair I envied. *What was he thinking?* my parents and I asked one another, shaking our heads around the kitchen table. I referred to the other children in the family as "the little kids," promoting myself out of their class.

Whenever a cat got run over on the busy street outside our house, I took responsibility. I should have brought it in, the night before, no matter the weather, no matter the hour. I'd known, hadn't I, that something awful would happen if I let down my vigilance? Wasn't that the cost of not listening to my gut instinct? Ignore it once and you are doomed, poor Peter Rabbit, poor Ink, poor Panther.

> PERHAPS IT WAS MY CONSTANT OVER-THE-TOP CONCERN FOR MY TWO KITTIES THAT DROVE THEM TO THEIR REBELLIONS

While in high school I took on a bevy of after-school jobs and with the money earned (I was still living at home) I bought antiques. *Antiques!* Glass candy dishes and velvet chaise lounges. Like the future grandma I was, I liked willowware and had a full set waiting in my bedroom like a dowry. In the evenings, after finishing all my homework, I would go home and drink hot tea, read *The New Yorker*, listen to public radio. Just like my parents, the actual middle-aged people in the house.

I think I felt if I could catapult myself into boring adulthood before my time I would be safe from the excesses of adolescence and thus have less to worry about. But once I reached college, I had plenty of other people to fret over. The women on my dorm hall were busy going to fraternity parties and getting "wasted." They were so excited to lose control of themselves, stumble around and puke in the halls. They were *so young*, I observed. It's not that I felt motherly toward these pretty girls I now lived among; it was that I felt like their jaded, vaguely scornful aunt. I would hold the hair of the one ralphing at three in the morning in a trash can in the hall. I would ghostwrite the Dear John letter to the boyfriend abandoned in Winnetka. I would counsel the one caught stealing dorm mail about the root causes of compulsive kleptomania.

I didn't abstain from parties and bars—far from it—but in the middle of whatever intoxicated state I have ever found myself, there sits a sober nugget like the metal BB inside the spray-paint can. There, deep inside, I am sane, rational, capable of discerning up from down, smart from dumb, dumb, dumb. *Don't drive after a sip of wine*, this dutiful take-no-prisoners conscience says. *Don't kiss that boy. Move your fingers away from the fire.* This judging capacity seems both a gift and a curse. It has both saved and doomed me. My friend Karen calls it my Wise Soul. I know it for what it truly is: a curmudgeonly voice of consequence and reason. I've been carrying it around since I was very, very young. It appears to be getting louder, like other unfortunate transformations wrought by middle age.

When you arrive at worst-case scenarios with warp speed, owning pets is fraught with terror. I had my own two kitties at college in Kansas, and when I hauled them out to graduate school in Arizona, into a rented ranch house in the desert, terror ensued. Out into the desert my kitties would go; back they would come looking like pincushions of cactus needles. They were neurotic cats, those sisters; one of them used to climb the hollow-core doors inside the house and leave excrement on the top, from which it would fall whenever I moved the door. The other took to eating dead tarantulas. I think she understood how creeped out finding the bodies would make me and sought to spare me that. But perhaps CONTINUED



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it was my constant, completely over-the-top concern for them that drove them to their rebellions.

Every evening I would confine them in the house, where we would listen to the coyotes out in the hills or the sand snicking at the windows. But in the morning they would escape between my legs into the desert, digging up all their lethal playthings. And if I thought they were feverish, off to the vet they would go. It was always after hours; it always cost at least $100. I spent a fortune on those cats.

It wasn't just the animals I've owned that have been the victims of my worry. Hypochondria comes with this particular territory. Going back to, say, fourth grade, I have suffered agonies of worry over the mere possibility of ever having the following afflictions, in, roughly, this order: brain tumor, breast cancer, pleurisy, anemia, herpes (complex and simplex), pregnancy, pregnancy, heart murmur, pregnancy, pregnancy, pregnancy, chin cancer, melanoma, TB, rickets, OCD, Lyme disease, the hantavirus, rotting flesh and mad cow.

The only things I have actually suffered (so far, knock on wood) are back spasm and bulimia—this latter of which might be, when you think about it, a perfect kind of middle-aged disorder: having your cake and heaving it, too. I am the kind of person who should not have a medical encyclopedia in my house let alone an illustrated guide to dermatological disorders; the Internet has exponentially increased the amount of time I can waste, on a daily basis, substantiating some far-flung notion about my own, my husband's or my children's corporeal conditions.

> I AM NOT THE KIND OF PERSON WHO SHOULD HAVE A MEDICAL ENCYCLOPEDIA LET ALONE AN ILLUSTRATED GUIDE

And here I am, fortysomething, officially arrived at middle age, still lying awake at night, worrying. But, unlike my 8-year-old self, I now have worries I can name. They concern my adolescent son and daughter. When they were babies, I checked on them a few times every night to make sure their hearts and lungs were still soldiering on. And then I could sleep. Until I woke again, panicked and needing reassurance. That monitor on the nightstand? Useless. How do you know that the rhythmic snoring isn't the sound of the sleeping dog, or the wily intruder who's come to do the unimaginable (unfortunately, for me, it is imaginable) to your baby? When my children spend the night away from me, I find myself in that nocturnal hell that is completely of my own making.

When the Twin Towers fell on September 11 and America suddenly grew frightened, I found myself for one brief period not alone in my thinking. Suddenly everyone was afraid of flying. We were all convinced that an apocalyptic force was afoot, ready to hijack our planes, blow up our monuments, slip a questionable white powder into our children's lunch or our representative's mailbox. We hunkered down; we counted our blessings. For just a little while I had the strange sensation of having been joined in my condition of global apprehension. Perverse as it sounds, I drew comfort in having the company of so many people out there from coast to coast, wide-eyed with anxiety in the dark, imagining the worst.

It's probably not surprising that I'd give birth to a middle-aged child, that old soul in a baby suit, my son. His sister is a wild thing, reckless and fun-loving, gregarious and adventurous, but my son is a homebody, a door-locker, yes, a *worrier*. Endowed with one myself, I can fully appreciate his fretful nature.

When my son grabs my hand as the plane bumps down on the runway, I say, "Would I let you ride in this thing if I really thought it would crash?" When his dogs cry pitifully in the night, alone in their kennels, I say, "Would I ever let anything bad happen to Roscoe or Oscar?" When he lays his head on the pillow at night and creases his brow, his concerns vague but real, nonetheless, I say to him, "You go to sleep. I'll worry for you."

And I do.

Stressed out worrying about everyone else's happiness? Log on to www.lhj.com/healthys[illegible]

finally, a total solution for Poison Ivy.



The CORTAID® Challenge: To conquer poison ivy. Our scientists created New CORTAID® Poison Ivy Care Treatment Kit to solve the worst kind of itch in two easy steps. First, a unique Scrub that's clinically proven to remove the itch-causing toxin "urushiol" and help stop its spread. Second, a Treatment Spray to prevent the itch. Use it whenever there could be poison ivy around.

1 Step 1. Removal Scrub



Removal Scrub binds to [illegible] them in place.



Treatment Spray [illegible] powerful itch [illegible] when you need it.

2 Step 2. Treatment Spray

Science applied to your skin.®

If you take NEXIUM, free support can show up in some unexpected places.



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NEXIUM® (esomeprazole magnesium)
20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is in for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis; the m nance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months); and for the treatm heartburn and other symptoms associated with GERD and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIONS** N is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTI** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occas in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information for Pat** NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficulty swal capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened, and the carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabol the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have sho esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Post-ma reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Increases and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major esomep metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearan diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma lev diazepam were below the therapeutic interval and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contracep diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant adminis of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically relevant c in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazol interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed omeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related m in both male and female rats, the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. G carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these st female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followe an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasi observed at the end of 1 year (94% treated vs 10% controls). By the second year, the difference between treated and control rats was much s (46% vs 26%), but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was in male or female rats treated for 2 years. For this strain of rat, no similar tumor has been noted historically, but a finding involving only one fu difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study wa conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazol positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, an *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omepr studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to ha effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects Pregnancy Category B* Teratology studies have performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies ar always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with omepr in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/k (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rat omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-re increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developm toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human d on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been receive congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** The excreti esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral ad istration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reactions in nu infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision shou made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** S and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in cli trials, 1459 were 65 to 74 years of age and 354 patients were ≥75 years of age. No overall differences in safety and efficacy were observed betw the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and you patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in 15,000 patients (aged 18-84 years) in clinical trials worldwide, including over 8,500 patients in the United States and over 6,500 patients in Europe Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and l term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, w included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequ occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the t groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omepra Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence <1% are listed below by body sys ***Body as a Whole:*** abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors. ***Cardiovascular:*** flushing, hypertension, tachyca ***Endocrine:*** goiter. ***Gastrointestinal:*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysplasia GI, epigastric pain, eructa esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, pha disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting. ***Hearing:*** earache, tinn ***Hematologic:*** anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia. ***Hepatic:*** bi binemia, hepatic function abnormal, SGOT increased, SGPT increased. ***Metabolic/Nutritional:*** glycosuria, hyperuricemia, hyponatremia, increa alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease. ***Musculoskeletal:*** arthralgia, arthritis aggravated, arthrop ramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica. ***Nervous System/Psychiatric:*** anorexia, apathy, appetite increased, confus depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, s disorder, somnolence, tremor, vertigo, visual field defect. ***Reproductive:*** dysmenorrhea, menstrual disorder, vaginitis. ***Respiratory:*** asthma, ag vated cough, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis. ***Skin and Appendages:*** acne, angioedema, dermatitis, pruritus, pruritus rash, rash erythematous, rash maculopapular, skin inflammation, sweating increased, urticaria. ***Special Senses:*** otitis media, parosmia, taste taste perversion. ***Urogenital:*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, monilasis, ge monilasis, polyuria. ***Visual:*** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include duoden esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barr esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of symptomatic gast esophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM were diarrhea (4 headache (3.8%), and abdominal pain (3.8%). Postmarketing Reports – There have been spontaneous reports of adverse events with postmarke use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, including t epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Rarely, hepatitis with or wit jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omeprazole pac insert. **ADVERSE REACTIONS** sect on. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose body surface area basis), was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory frequency, fre ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been receive overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Manifestations v variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adv reactions similar to those seen in normal clinical experience (see omeprazole package insert-**ADVERSE REACTIONS**). No specific antidote esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdos treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug ingestion should considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Teleph numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book. **DOSAGE AND ADMINISTRATION** Please see Prescribing Information for recommended adult dosages and dosage adjustments for **Special Populations** for NEXIUM.

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IT'S DIFFERENT FOR PEOPLE WITH ACID REFLUX DISEASE.

Because beneath the heartburn, something more could be brewing.

If you suffer from acid reflux disease—if you have persistent heartburn 2 or more days a week even with treatment and diet change—all that churning acid could, over time, be doing real harm to your esophagus. And left untreated, the damage could get worse.

Acid reflux disease can damage your esophagus.

Unlike your stomach, your esophagus offers little protection against acid. And when acid rises into the esophagus it can eventually wear away the lining. This condition is called erosive esophagitis, and in fact, about 1 in 3 people with acid reflux disease has it.* Only a doctor can determine if you have this condition. But if you do, it's good to know NEXIUM (esomeprazole magnesium) can help.

FOR A FREE TRIAL OFFER, VISIT
PURPLEPILL.COM TODAY OR
CALL 1-888-29-NEXIUM.

If you're without prescription coverage and can't afford your medications, help may be available. Call or visit us online

*Source: AstraZeneca Data on File: DA-NEX 58

NEXIUM heals the damage.

NEXIUM is the healing purple pill. For many, just one prescription NEXIUM pill a day can mean complete, 24-hour heartburn relief. And NEXIUM can heal even the most severe erosions in the esophagus caused by acid reflux.

Talk with your doctor about NEXIUM.

NEXIUM goes deeper than heartburn relief—it heals acid-related erosions, allowing the lining of your esophagus to regenerate. Most erosions heal in 4 to 8 weeks. Your results may vary. NEXIUM has a low occurrence of side effects, which may include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

Next time, ask your doctor if NEXIUM is right for you. Because healing is such a great feeling.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

Nexium®
(esomeprazole magnesium)

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Spring 2006

PEPPERIDGE FARM



Stay-Put Eye Shadow

Silky, Sexy Skin

Chic Spring Shorts

Try This Lip Tip!

"When picking out a new shade of lipstick, test the color on your fingertip, not on the back of your hand as most women do," advises Joseph Costa, national makeup artist for Yves Saint Laurent. "Your fingertip has blue tones, just like your lips."



Try Yves Saint Laurent Fard À Levres Rouge Pur in Cashmere Pink, $26.50



Seal Split Ends

Nothing tops a trim to minimize split ends, but one of the new protein-rich hair creams can tide you over until your next appointment. These hair helpers moisturize dehydrated ends to prevent any splitting from traveling up the hair strand. Dab some on your ends after conditioning and before styling. **Two to try:** Biolage Hydratherapie Hydra-Seal Leave-In Crème, $13.95, keeps hair soft and pliable with sea kelp and soy protein. Göt2b Hottie Leave-In Instant Mender, $5.99, seals ends as it conditions with wheat and silk amino acids. The formula's silicone boosts shine and prevents heat damage.

Ask the Beauty Director



Q I'm at my wit's end trying to keep my eye shadow from creasing. I've used blotting sheets and concealer on my eyelids but they don't help. Any advice?

—Susan Lee, Rochester, New York

A Eye makeup meltdown is so frustrating . . . and common. The main culprits are the small amount of oil produced near the eyelashes by the skin's sebaceous glands and facial moisturizer that heads south toward your eyelids. But here's how you can keep your handiwork in place. First, apply an eye shadow primer, such as Smashbox Lid & Lip Primer, $22, which moves with the lid and allows the shadow that's placed over it to "flex" a little more. Next, use a long-lasting or cream-to-powder shadow instead of a purely creamy version. Finally, top with a translucent powder on the crease.

LHJ.com **Log on to www.lhj.com/beauty for more beauty tips**

PHOTOGRAPHS: CLOCKWISE FROM TOP RIGHT: FERNANDO MILANI; JENNY ACHESON STILL LIFE: MARK PLATT FOR EVCREATIVE.COM


It turns out the secret
to younger looking skin
is younger skin.
Vaseline
Renewal
Younger skin stays smooth and vibrant
regularly. As you age, this natural
skin dull and dry. New Vaseline
ability to regenerate, leaving it



Beauty School In a Box

Applying makeup can be tricky, especially if you're trying something new. Vital Radiance, a new makeup collection sold at drugstores that includes eye shadow trios, $16.50, foundations, $19.50, and makeup brushes, $14.50 to $17.50, solves the problem with an illustrated how-to-apply booklet that comes with every item. You can also chat with a beauty consultant by calling 800-RADIANT or logging on to *www.vitalradiance.com*. Finally, the makeup and the lesson are in one useful package!

BEAUTY INDULGENCE

A Multi-Karat Manicure

A diamond is forever, and diamond-dusted nail polish is just as durable—and precious. That's the premise of OPI's Designer Series, $12.50 per bottle, a new collection of polishes containing actual diamond dust. Why diamonds? Not only does diamond dust impart shine and dimension, but it also helps strengthen nails. The 12 jewel-toned shades (we're showing Divine, above) are highly pigmented, guaranteeing that the color in the bottle will match the color on your nails. You'll also love the new flat brush, which helps spread polish more evenly for a smooth application. Dazzling!

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PATRICIA'S PICK

A Better Bronze

[illegible] to a bitter end during [illegible] school. My girlfriends and [illegible] Florida. And while they [illegible] golden, I was sunburned and blotchy. Today I still yearn for that healthy glow, especially if I can get it without the sun. The Body Tint, $28.50, one of 25 makeup and body products in the latest Tom Ford Estee Lauder Collection, Azurée, more than fits the bill. The lightweight gel formula makes it a treat to apply, the bronze tint is just dark enough, and its scent—a new take on the original Azurée fragrance launched in 1969 by Mrs. Lauder herself—smells like a sexy summer breeze. If only I had it during that spring break . . .




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tigbags.com



Hamill was a judge on the Fox show *Skating With Celebrities*

A Perfect 10 Wedge

Dorothy Hamill grabbed Olympic gold in 1976—and a generation of women craved this cute bob. Now, 30 years later, she's updated her iconic look with truly modern flair



On her famous do: "My mother always made me have short hair, which I hated. I also needed a haircut that was appropriate for skating. I never understood the fascination with it. I should apologize to people who got that cut!"

Her long-hair blunder: "I grew my hair out about two years ago and I was standing next to Nancy Kerrigan, whom I've known for 20 years, and she didn't recognize me. I'm almost 50 and while some older women do look good with longer hair, I'm definitely not one of them."

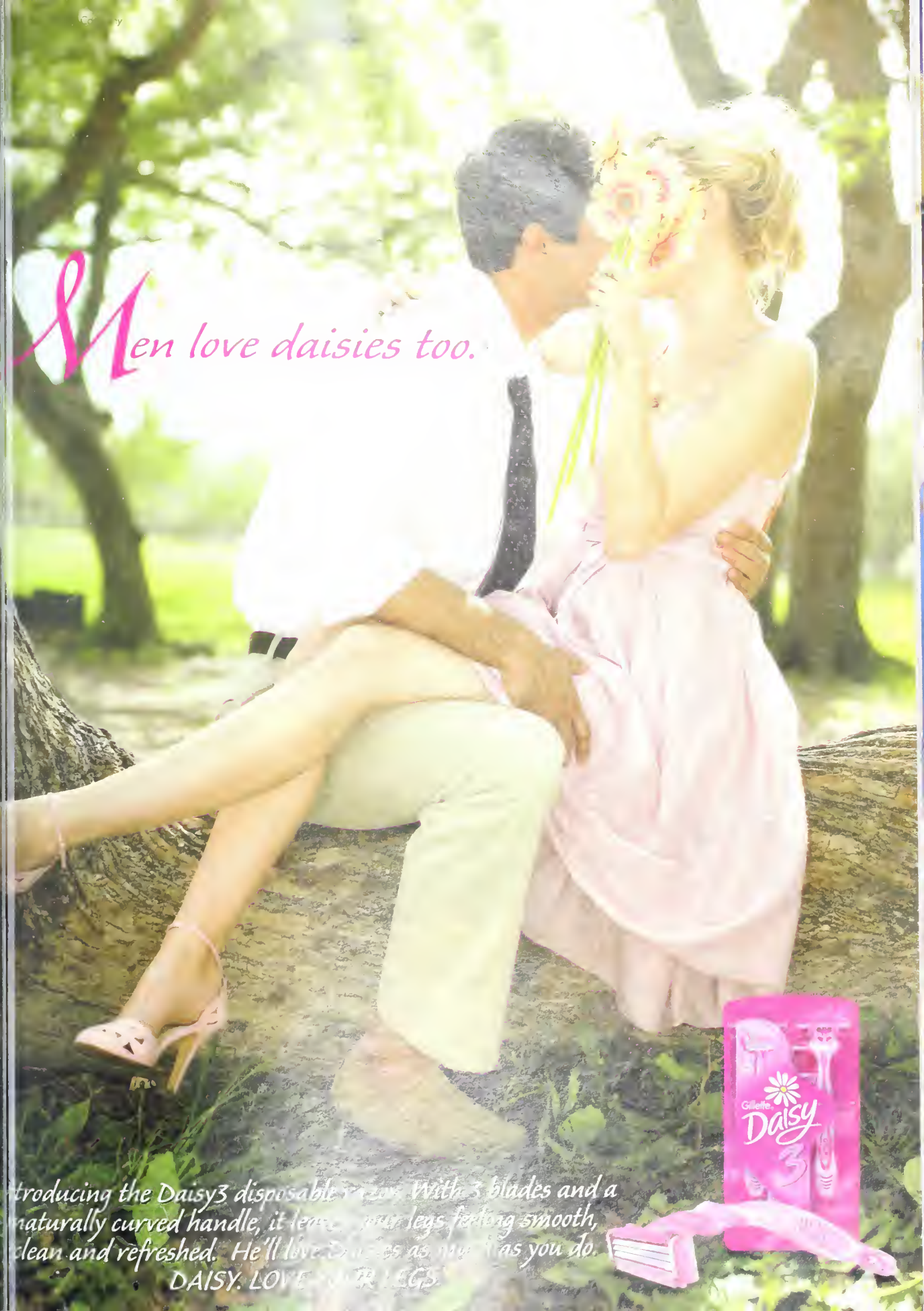
Her flawless update: "These days I don't want it too blunt or too shaggy, either. My hair also has a different texture than when I was 19. It's gray, so I have to have it colored, and it's more coarse and wiry so I have to condition it and add shine with products. I definitely have my good-hair days and bad-hair days!" *—Patricia Reynoso*

How to Get Dorothy's Do:

Update your classic cut by infusing it with texture. **Step 1:** Start the styling process with a body-building shampoo, such as Nexxus Diametress Luscious Hair Thickening Shampoo, $13. **Step 2:** After towel-drying hair, use a volumizing spray, like VO5 Volume Blast, $3.49, for extra lift at the roots. **Step 3:** Blow dry using a flat paddle brush for straight hair or round brush for wavy or curly hair. **Step 4.** When hair is dry, rub a small amount of pomade, such as Umberto Beverly Hills Texturizer Styling Cream, $9.99, onto fingertips, then run through the ends of your hair for a piecey look. *—Mandy Hendrix*

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troducing the Daisy3 disposable
With 3 blades and a
naturally curved handle, it
your legs feeling smooth,
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3

Dove knows damaged hair isn't all equal.





New Dove Sheer Moisture

So we created two levels of care.





Two levels of care, for whatever you do to your hair.



Skin-sational!

We've heard your skin-care concerns and eavesdropped on your bad habits. So start here for a guide to your healthiest, prettiest skin yet

PHOTOGRAPHED BY FERNANDO MILANI PRODUCED BY CARLA ENGLER WRITTEN BY PATRICIA REYNOSO





Q I'd like to [illegible] my large pores. Is that possible?

[illegible] are determined [illegible] including [illegible] pores because [illegible] sebaceous [illegible] all clay pores and [illegible] appear [illegible] keeping your [illegible] and exfoliating [illegible] pores [illegible]. Bottom line: [illegible] your pores [illegible], but you [illegible]. Almay Pore [illegible], $7.19, uses salicylic [illegible] the appearance of imperfect pores.



Q: I haven't had acne in ages but suddenly I'm breaking out all the time. Help!

It seems unfair to have to worry about pimples long after your teen years, but adult acne is actually quite common. "I see women every day who didn't have acne as teenagers but are breaking out now," reports dermatologist Heidi A. Waldorf, M.D., director of laser and cosmetic dermatology at Mount Sinai Medical Center, in New York City. "When we're adults, acne tends to occur along the chin and the jaw, whereas teenagers typically see it along the T-zone," she adds. These breakouts can usually be traced to hormone fluctuations that can trigger an increase in sebum production.

You can fight back by using products formulated with benzoyl peroxide, salicylic, lactic or glycolic acid, or retinol. All help clear pimple-causing debris, fight bacteria and contain hydrating properties. You can find these acids in cleansers, moisturizers and spot treatments, but exercise caution: Using more than one antiacne product at a time as part of your daily routine may lead to skin irritation.

New to try: B. Kamins Chemist Bio-Maple Hydrating Acne Wash, $32, combines three acids with a Bio-Maple compound, which prevents skin from over drying.



Q: My skin looks really dull. What's causing this and how can I correct it?

This complaint can be traced to a traffic jam of dead cells piled up unevenly on the surface of the skin. (Other major culprits are sun exposure and smoking.) As a result, older skin no longer reflects light the way newer skin does, so it looks less radiant and also feels rougher. The solution, say the experts, is to exfoliate, exfoliate, exfoliate!

Your next question might be, "Well, how do I exfoliate?" There are many options available today but they can be divided into two camps: mechanical (scrubs or at-home microdermabrasion kits) or chemical (ingredients such as glycolic acid). The first type works by literally lifting this pileup up and away from the skin, while the second type cleans out each pore. There's no right or wrong way to exfoliate, says New York City dermatologist Fredric Brandt. It really depends on how your skin reacts to skin-care products. Dr. Brandt also recommends being careful about how often you exfoliate. "Start every other day and increase slowly to once a day at most," he advises. And remember that no skin-care routine works overnight, so give it at least four weeks to make a difference.

New to try: Wet 'n Wild Fresh Face Skincare Exfoliating Scrub, $3.99, uses microbeads for gentle skin buffing, aloe vera for hydration and marine extracts for revitalizing with sea botanicals.



Q: I don't sit on the beach or sunbathe anymore, so do I really need to use sun protection every day?

Do you go outside during the day, sit near a window or drive a car? Unless you live in a cave and come out only at night, you still need to protect your skin from the sun's UVA and UVB rays. And yes, that even includes being indoors and on overcast days—UVA rays can cut through glass and clouds & penetrate deeper into the skin and tamper with its precious collagen and elastin fibers.

Shielding your complexion from these rays is as simple as using a daily moisturizer with built in sun protection. Search for labels that have broad spectrum or UVA/UVB sun protection, with a minimum SPF of 15, although dermatologists recommend SPF 30. And don't worry that this high level of protection will feel too thick or look too opaque. New technology makes sunscreens feel silky smooth, never revealing how hard they're working for you.

New to try: Aveeno Positively Radiant Daily Moisturizer, $13.99, guarantees an SPF 30 for hours.

Fashion Focus: For sunscreen with style, throw on a hat like this curry yellow straw Panama with a leather trim, $69, from Hat Attack.

Top *Skin* Saboteurs

Hands Off!
Think of everything that comes in contact with your face on a daily basis: your hands, your kids' fingers, washcloths, towels, makeup brushes and phone receivers. That's quite a list, isn't it? And unless you're faithful about cleaning everything before it touches your skin, you're most likely transferring the lurking bacteria onto your face and in the process undermining your other good skin habits. These bacteria can promote breakouts and even spread infection, says Patricia S. Wexler, M.D., a New York City dermatologist. Keeping such skin wreckers away is as simple as washing your hands more frequently throughout the day, keeping hands away from your face and always drying your face with a clean towel. Also, clean your makeup tools at least every two weeks and reach for hand sanitizers and portable wipes to stay fresh when you're on the go.

Become a Cleaning Lady
Although not washing your face regularly enough and scrubbing skin too hard are two big cleansing sins, nothing does more damage than using the wrong product, which can mar even the best of complexions. How often you should wash your face depends on your skin type. All but the most sensitive types benefit from cleansing both morning and night but most dermatologists agree that if you only have time for one, wash your face at night. Doing so removes all the sweat, makeup (including eye makeup), pollution and dirt that accumulate over the course of the day, clogging your pores. (Also, if you use a treatment night cream it's a waste to apply it over dirty skin.) Next, proper cleansing calls for the right cleanser. Look for gentle, non-soap products that are pH balanced to preserve your skin's protective acid mantle, the fine layer of sebum and sweat that inhibits bacterial growth. (Try Cetaphil Gentle Skin Cleanser, $8, a favorite of many dermatologists.) Avoid detergent soaps that you normally use on your body. They can leave your face feeling tight and stripped.

Eye-Q
Leaving eye cream out of your daily skin-care routine may not sound like the biggest beauty crime, but because the delicate skin under your eyes lacks oil-producing sebaceous glands, it can easily become dry and appear more wrinkled than it actually is. Since face cream alone isn't rich enough for this sensitive area, you're better off using an eye cream, especially one boasting sun protection, which will help prevent further signs of aging while keeping the skin hydrated and plump. Remember, too, that you should take advantage of the many formulas now available that tackle unique eye-area concerns, such as dark circles, fine lines and puffiness. The result: You'll appear more rested and bright-eyed, and that's always a great look.

Please Don't Squeeze the Blemish
The urge to squeeze or pick a pimple can sometimes be a true test of will. But next time your fingers are poised to pop, keep in mind that these little skin excavations will make your breakout worse, never better. A pimple is filled with bacteria, dead cells and sebum, and digging into the skin with fingernails can push those materials deeper into the pore, worsening inflammation. Moreover, picking can spread bacteria to other pores, leading to new breakouts. Finally, that seemingly innocent squeeze can cause a scab that lasts for weeks, or even a permanent scar. What to do? Treat the spot with benzoyl peroxide or salicylic acid, available at drugstores, then slowly back away from the mirror.

Keep Your Balance
Don't underestimate how smoking, stress and diet affect your complexion. "Smoking takes away all the good stuff and increases all the bad stuff," says Dr. Waldorf. "It cuts off your skin's oxygen, pumps in carcinogens and increases free radicals, all leading to premature aging." Similarly, too much stress can contribute to acne by stimulating the adrenal glands to pump out more oil, leading to even more breakouts, reports Dr. Brandt. When it comes to your diet, specifically your sugar intake, there is much debate over how significantly it affects your skin. One thing is certain: Eating a well-balanced diet and drinking enough water will benefit not just your body, but your skin as well. *–Erica Metzger*

LHJ.com For more great advice on skin care, visit www.lhj.com/skin



Q: What's causing redness on my cheeks, nose and chin?

[illegible] skin might be irritated from [illegible] to too many damaging [illegible] you might have [illegible] a skin disorder that [illegible] are estimated 14 million [illegible] people, many of whom don't even [illegible] they have it. Generally [illegible] redness is centered with [illegible] and many patients tell [illegible] they have acne when [illegible] [illegible] ways [illegible] New

York City dermatologist. Skin-care products that use healing botanicals such as chamomile and lavender to lessen redness and comfort the skin are worth a shot. It is wise, however, to consult with a dermatologist before trying new products to self-treat rosacea.

New to try: Juice Beauty Redness Reducing Serum, $20 calms with raspberry juice and nutrient-rich essential fatty acids.

Where to Find It, page 227



Weigh to Go!

Congratulations to Harrisburg, Pennsylvania—winner of the Great American Weight Loss Challenge. It had the most residents per capita sign up to slim down with milk. Research suggests that people who are trying to achieve a healthy weight and whose typical diet is low in calcium can enhance their weight loss efforts by drinking 24 ounces of milk each day as part of a reduced-calorie diet.

Developed by noted nutritionist Pamela Peeke, M.D., M.P.H., the 12-week challenge encouraged dieters to include 24 ounces of lowfat milk each day—along with cutting calories and being active—to see what a difference it could make.

For coming out on top, Harrisburg received a $25,000 prize, which the city will use to help fund a fitness program for residents.

Harrisburg, PA

GREAT AMERICAN weight loss CHALLENGE got milk?

You Can Take the Challenge, Too

Sign up at www.2424milk.com to begin your own weight loss program that includes milk. Also, look for the Milk Mustache Mobile that will be canvassing the country this summer to get folks registered for the 2006 Great American Weight Loss Challenge.

milk your diet. Lose weight! 24 oz. 24 hours

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Win at weight loss,
the healthy way.

As a busy mom, I know that losing weight can feel like an uphill battle. For me, losing over 25 pounds* came down to three basic things. Reducing my calories, exercising regularly, and drinking milk. Why milk? Well, studies suggest that drinking 24 ounces of lowfat or fat free milk every 24 hours, as part of a balanced, reduced-calorie diet provides the calcium and protein to support healthy weight loss. And I have a new figure to prove it. So drink up to a slimmer, healthier you. To see for yourself, visit 2424milk.com.

got milk?®

milk your diet. Lose weight!™
24 oz / 24 hours



Robin Seaber, 43, Highlands Ranch, CO, participant in the got milk? "Great American Weight Loss Challenge."

*RESULTS NOT TYPICAL

American Heart Association
Fat Free and 1/2% Lowfat Milk meet American Heart Association food criteria for saturated fat and cholesterol for healthy people over age 2



Short STORY

FELT LEFT OUT IN PAST SEASONS OF TOO-SHORT SHORTS? YOU WON'T ANYMORE! **WRITTEN BY SUE ERNETA**

1. Pattern Play

Crisp summertime prints, especially the floral and stripes shown here, are a terrific way to dress up shorts, making them ideal for summer socializing. Shorts, Ann Taylor, $46. Shirt, Rebecca Taylor, $221. Espadrilles, Banana Republic, $68. Cuff bracelet, Isaac Manevitz for Ben-Amun, $75.

2. Mixed Punch

Tailored shorts and a ruffled blouse are a playful ensemble for savoring a balmy evening. Shorts, Sisley, $59. Shirt, United Colors of Benetton, $59. Shoes, Coach, $220. Bracelets, R.J. Graziano, $45 each. Bag, Ellen Tracy.

3. Cool and Casual

Look superstylish in a classic nautical outfit, always right in red, white and navy. Shorts, Liz Claiborne, $45. White shirt, Jones New York Signature, $69. Striped shirt, L.L. Bean, $29. Sunglasses, Yves Saint Laurent. Bracelet, PONO by Joan Goodman.

CONTINUED

VISIT playtexbras.com/frontclose





Where to Find It, page 222

4. Office Attitude

Shorts at the office? Yes, when paired with a matching jacket. Just add smart accessories and you're ready to close the deal. Shorts with ribbon belt, $58, shirt, $34, jacket, $128, all Ann Taylor. Shoes, Aerosoles, $65. Sunglasses, Donna Karan, $179. Necklace, Liz Claiborne Jewelry, $48. Bag, Lucky Brand Accessories, $168.

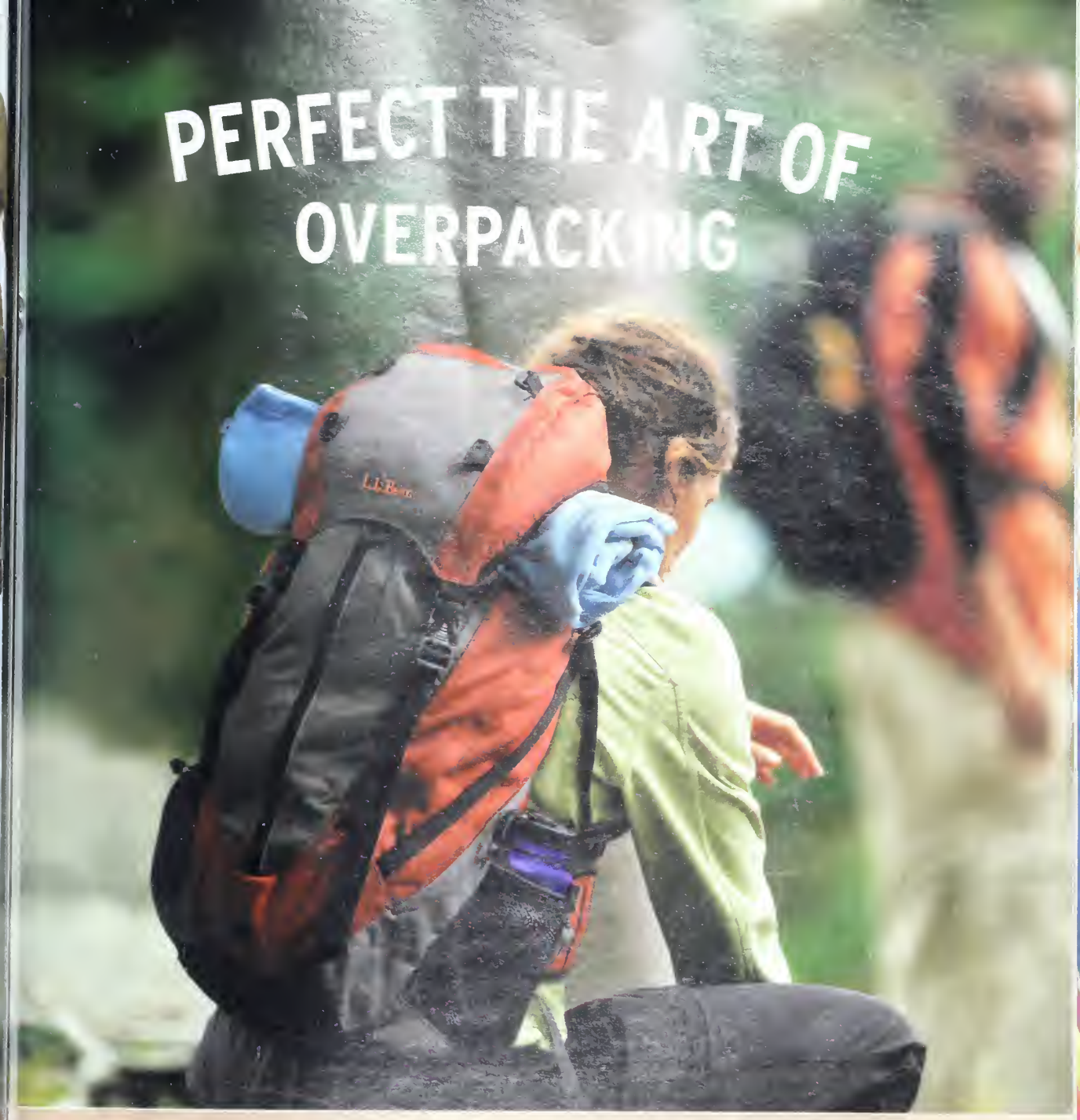
5. W[illegible] for W[illegible]

The right addition, like this sophisticated trench, makes white shorts appropriate for the final stretch of the workweek. Shorts, White House Black Market, $78. Shirt, Liz Claiborne, $59. Trench coat, $299, watch, $140, both MICHAEL Michael Kors. Belt, Fossil, $38. Bag, Rafe.

6. Tone on Tone

A mix of browns with a hint of lavender make this outfit modern but still comfortable. Shorts, Tommy Hilfiger, $49. Shirt, United Colors of Benetton, $59. Jacket, DKNY JEANS, $89. Shoes, Banana Republic, $68.

LHJ.com **Wondering where to find all these cute shorts? Visit www.lhj.com/wheretofind**



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Pretty COOL

Nothing's better than a day of fun with friends in charming warm-weather dresses, sultry tops and flirty skirts in crochet, eyelet and lace

PHOTOGRAPHED BY TERESA HORGAN WRITTEN AND STYLED BY CARLA ENNIS





A long-overdue heart-to-heart makes you remember why you're such good friends. A short-sleeved jacket in eyelet, one of summer's airiest and trendiest fabrics, dresses up jeans nicely. A ruffle-sleeved eyelet shirt tops tropical white trousers for a smooth line. A crisp white fedora sharpens up this Havana-inspired look. Left: Jacket, MICHAEL Michael Kors, $149.50. Tank, Fruit of the Loom. Jeans, Riders by Lee, $20. Bracelets, R.J. Graziano, $45 each. Right: Shirt, Lauren by Ralph Lauren, $129. Pants, Sisley, $89. Hat, Worth & Worth, $125. White and silver bangles, Liz Claiborne Jewelry, $32 each.

Where to Find It, page 222



Pile into a cool car and start a road trip in heat-beating crochet, with its open-weave, built-in air-conditioning. Clockwise, from left: White canvas jacket, $109, skirt, $159, both Lauren by Ralph Lauren. Crochet tank, MICHAEL Michael Kors, $59.50. Shoes, Banana Republic, $78. Red crochet [illegible] $109, pants, $109, both Lauren by Ralph Lauren. Sunglasses, Marc Jacobs. White crochet cardigan, Jones New York Signature, $149. Tank, MICHAEL Michael Kors, $39.50. Scarf, Target, $12.99. Bracelet, Roxanne Assoulin at Lee Angel.

Since 1964, the Ford Mustang has had a reputation as a muscle car for men. But now half of the current buyers are women.











night on the town is just what ou need—especially one with sexy Latin flavor. Opposite age, clockwise from top left: saucy scoop-neck cardigan, velet camisole and black velet skirt (not shown) flatter ll body types. That goes ouble for this scarlet twist-houlder dress. Cardigan, ornarina, $65. Camisole, Craig aylor, $135. Skirt, MICHAEL ichael Kors, $99.50. Necklace, iz Claiborne Jewelry, $42. ress, City Unltd., $129. Top ght: A lace-trimmed camisole, rocheted belt and tiered ermilion chiffon skirt let your ody move. A swirl-patterned kirt and lacy sweater cover hore, but are still plenty sexy. eft: Camisole, $49.50, skirt, 129, belt, all Lauren by Ralph

Lauren. Right: Cardigan, $149, camisole, $99.50, both Lauren by Ralph Lauren. Lacy skirt, Ann Taylor, $128. Bottom right: An embroidered blouse is finished nicely with a delicate choker. Blouse, Old Navy, $29.50. Necklace, Isaac Manevitz for Ben-Amun, $170. Bottom left: This pleated top is dressy enough for dinner but looks great for day, too. Top, Club Monaco, $89. Bracelet, Roxanne Assoulin for Lee Angel, $240. Man's hat, Tra_ y Watts.

This page: End the evening on a high note in a sexy top and a comfortable skirt or pants. From left: A ruffled-shoulder top over a coral eyelet skirt goes modern with a statement belt. Top, Ann Taylor, $68. Skirt, Sag Harbor, $44. Belt, Fossil, $48. Shawl, Echo [illegible] an off-the-shoulder [illegible] with classic black [illegible] bold orange scarf [illegible] Top, $119, pants, [illegible] Lauren by Ralph [illegible] Eddie Bauer, $2[illegible] air silk makes this [illegible] top a breeze to wear [illegible] floaty skirt. Top, $[illegible] $118, both Banana [illegible] Necklace, R.J. Graziano, $45. Bangles, Isaac Manevitz for Ben-Amun, $30 each.

BEAUTY BONUS: Cool down with a spritz of Calgon Agua Fresca Body Mist in Cherry Apple, $6.95, a perfectly light scent of lemon-lime seltzer, McIntosh apples and black-cherry sorbet.

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The Joys of Couple Friendships

A Celebration of Moms

Healing From Grief

When Mother-Daughter FIGHTS ARE HEALTHY





Mothers of adolescent girls can come to feel as though the only interactions they have with their daughters are when the two of them fight. They won't get any argument from Terri Apter, Ph.D., a psychologist at the University of Cambridge, in England, whose latest research shows that, on average, adolescent girls fight with their parents every two and a half days. And of course, "about 75 percent of these conflicts are with Mom," says Dr. Apter.

But as distressing as frequent quarrels may be, they're not necessarily unhealthy. "They may feel like terrible power struggles," says Dr. Apter. "But in fact arguments often signal vitality in a relationship." By contrast, a teen who doesn't squabble with Mom may simply be checked out, believing her mother can't, or won't, understand her.

To make sure the disagreements don't become damaging, fight fair, Dr. Apter says. Stick with the issue and avoid piling on criticisms, which will send a quarrel spiraling downward. Instead, focus on the information that you're each trying to convey and encourage your daughter to do the same. Over time, as you both adapt to the new dynamic, you may find that instead of fighting, you're having actual conversations. *—Leslie Jay*

The Downside Of Shy

Do you worry about your child's shyness? You should—studies show that shy kids may not develop all of the critical social skills they need as adults. But there are things you can do now to help diminish your child's social anxiety, according to Robert Pazulinec, Ed.D., a child psychologist at Bradley Hospital, a pediatric psychiatric center in East Providence, Rhode Island. He recommends the following strategies to help get your kid ready for real-life socializing.

- **Encourage your shy kid to make small changes, such as smiling at people he meets, even if it's an effort or feels scary. "A success for someone who's shy might be just making eye contact first or saying hello," says Dr. Pazulinec.**
- **Kids worry that they won't know what to say to people, so suggest that your child find one thing she likes about each person she meets and break the ice by complimenting that quality.**
- **Strange places may make meeting people more frightening. If your child is invited somewhere new, visit the place together in advance so he can see that the environment isn't so scary after all.**
- **Let your child know you believe in her ability to make friends. "Write little notes and stick them in her lunch box to remind her, 'I know you'll do great,'" says Dr. Pazulinec.**

—Tamara E. Holmes



80% of dog owners and 63% of cat owners buy gifts for their pets. 9% of dog owners and 5% of cat owners throw birthday bashes for them, too.

VYTORIN treats the 2 sources of cholesterol.



FOOD



FAMILY

u probably know that cholesterol comes from food. But
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Important information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So, tell your doctor about any other medications you are taking.

To learn more, call 1-877-VYTORIN or visit vytorin.com. Please read the Patient Product Information on the enclosed page.

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Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant. Do not use VYTORIN if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.
- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and muscle pain (see What should I tell my doctor before and while taking VYTORIN?).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (tablets that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away), rash, hives; joint pain; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on VYTORIN. This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmellose sodium NF, hydroxypropyl methylcellulose USP, lactose monohydrate, magnesium stearate NF, microcrystalline cellulose NF, and propyl gallate NF.

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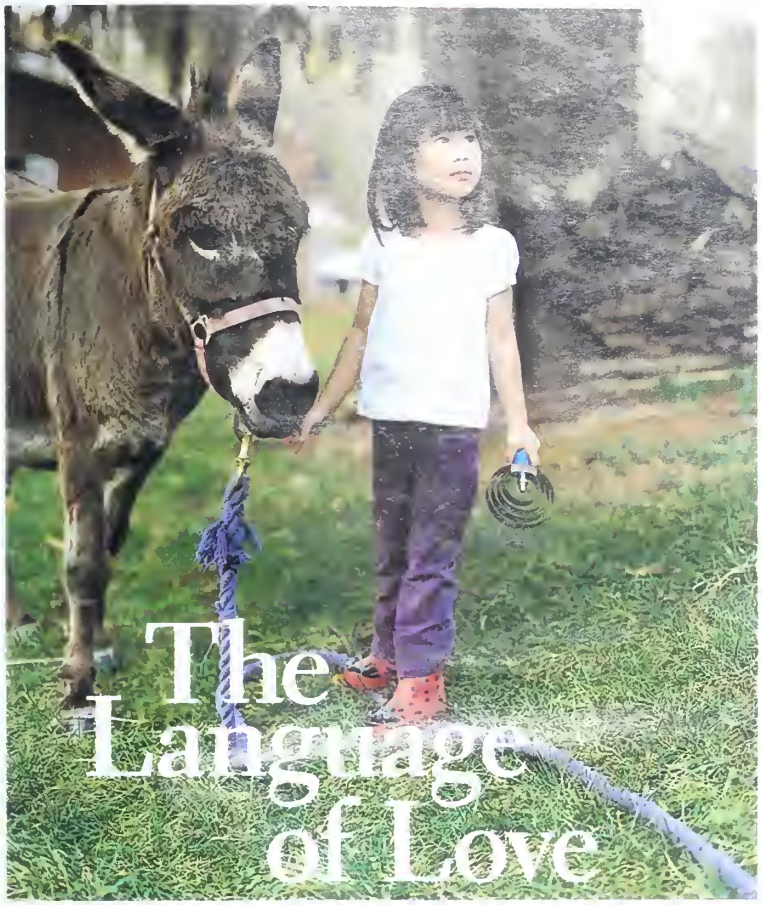
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Sasha and Choco, her "gon-key" birthday present

The Language of Love

For any parent of a child with a disability there is a fine line between not treating her as disabled and being in denial

There came a day when my daughter Anna announced she did not wish to be called "Anna" anymore.

"No?" I asked.

"No," she said. "Because I am Princess Kitty Cat Butterfly."

"Princess Kitty Cat Butterfly," I said generously. "A name of distinction."

Then she looked at her younger sister, Sasha. "Her name isn't Sasha," she said.

"No?" I asked.

"No," she said. "Her name is Ed."

So for a while this is how it went. Sasha did not mind being called "Ed," although she herself pronounced it "Et." We'd be in the grocery store and one of those grandmotherly types would come up to her, *coochie coochie coo*, and say, "What is your name, sweetie?"

"Et."

"Ed!" I would chime in. "But that's not really her name; her sister changed it . . ."

Oh, never mind.

Some months after we all got used to the linguistic work involved in addressing our child as Princess Kitty Cat Butterfly, Anna had a new announcement: "I'm dropping the Butterfly."

"Okay," said my husband, Alex. "Just Princess Kitty Cat, then?"

"*Yep*," she said. "But my nickname is 'Kitty.'"

All of this came as some relief to Sasha, whose challenge to put together even two syllables was sometimes overwhelming. She could never say "Anna" in the first place. The sound *n* was, for her, utterly unattainable. "Anna" came out as "Alla," which is exactly how "Ellen," the name of the babysitter, came out. "I'm not Ellen!" Anna would say.

"Soddy, Kikki," Sasha would say. Translation: "I'm sorry, Kitty."

Eventually, Kikki proved more fun for all of us to say than Kitty, and the new names settled on our tongues and found their rhythmic homes.

And so my girls, Kikki and Et.

You could look at the evolution of a lot of languages and I'll bet they started as simply and logically as this.

"When Sasha turns 4, will she start talking right?" Anna asked one day.

It was an obvious question for a girl whose sister says "gilk" instead of "milk," no matter how many times you correct her. But it was one of the few times Anna made reference to being frustrated CONTINUED

with Sasha's inability to speak intelligibly. Usually Anna works as interpreter. She understands Sasha when no one else can.

"Mee zee too woo!" Sasha said in the car on the way to school one morning.

"What, sweetie?" I said.

"*Mee zee too woo.*" she declared emphatically.

"Mom, she thinks the music is too loud," Anna chimed in.

Oh. And, of course.

The two spend their days together, so Anna has easily picked up Sasha-speak. The rest of us are still learning.

Lately I've been thinking I should be making a bigger deal out of Sasha's problem. I am too blasé about it. I wonder if some switch has turned off in me that keeps me from grieving over the fact that my preschooler has so little mastery over spoken language.

Sasha chose McDonald's as the magical land of her birthday party. "*Woah!*" she said, the first time we went there. And, could it be true? Six of her friends at the McDonald's Playland and presents and balloons *all at the same time*?

She managed to communicate this wish to me with her eyes and her broken sounds and both of her arms gripping my thigh with joy. So much of communication has nothing to do with words. Perhaps this is why I'm not more worried about Sasha's speech disorder. I *forget*. Her lack of intelligible talking doesn't get in the way of my knowing her, or loving her, or enjoying her company or laughing at her jokes. When it comes to sociability, a language disorder is a remarkably surmountable obstacle.

> We don't tiptoe around Sasha's disability. Nor do we lavish her with gushy praise

Our party at McDonald's went off without a hitch, a dream come true enhanced with the unicorn balloons and unicorn plates and unicorn napkins we brought. We played pin the horn on the unicorn and Sasha wore a birthday-girl tiara and for lunch she ordered cleek-en luggets and choco gilk.

When we got home, I blindfolded her and brought her outside and when she opened her eyes there was a surprise: a small brown donkey wearing a giant red ribbon.

"Foh me?" she said.

"For you, sweetie," I said.

"My gon-key?"

"Your very own gon-key."

"Oh, I luff it . . . *so much!*"

I love the way she said "so much." It comes out with almost a Russian accent. Very emphatic. More like "zo mutch!" I've come to incorporate the phrase in many of my own declarations of happiness.

The donkey stood 35 inches tall, a registered "miniature" that was pregnant, which the donkey farmer we bought her from swore was a good thing. "Two for one!" he said. But he really didn't need to give me the hard sell. That donkey had been following me around all day long while I went about the donkey farm looking for just the right surprise for Sasha. I thought a miniature donkey would be a good starter equine for her. Something just her size she could groom and feed and practice picking hooves. I wanted a white spotted one, something with some pizzazz. There were so many gorgeous little donkeys at that farm, all of them milling about and some of them munching on a round bale and a few huddled with their backs to me as though they were gossiping. I went from beautiful donkey to adorable donkey, trying to choose, and all the while there was this little brown, nondescript dirtbag of a donkey following me, like a little caboose. I finally faced the animal and said, "What?" She looked up at me. She blinked. Then she tilted her head, as if questioning. It was not a pleading question, but more of a bored one. Like "I'm ready? I've been waiting an hour?" That was pretty much that. I wouldn't get a gorgeous white spotted donkey. I would get a dumpy fat girl donkey because some things are just meant to be.

"My gon-key?" Sasha was saying. "She is my gon-key?" That was a very good reception, in my view, even better than I had hoped for. A miniature donkey had not, after all, had a chance to appear on Sasha's lifetime wish list.

"She's just your size," I said. "You can brush her, feed her, take care of her."

Sasha hugged the donkey and Alex took pictures. We walked the donkey around the yard and talked about naming her.

"'Elise'?" she said.

"*Um*—"

"Woo yike 'Elise'?" she said.

I had nothing against the name. It was just that Sasha's every doll and CONTINUED

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every stuffed animal was named Elise. I suppose a lot of kids go through stages where they have default names like this.

"Oh, I don't know, sweetie," I said, turning to Alex, hoping for some help. "Woo yike Elise?"

"Sure!" he said.

"*No woo don't!*" I said. "Listen, Sash, it might get confusing if your gon-key has the same name as your kitties."

She thought about that. Anna suggested other names. We worked on the chocolate theme because of the donkey's deep-brown coat, eventually settling on "Choco," a character in one of our favorite adoption storybooks. The added benefit of the name was that it was one Sasha could actually say.



Sasha is a popular child, with two best friends and a fetching smile

"I luff woo, Choco," she said, as she led the donkey into the barnyard. "Choco iss *my* gon-key!"

It was February and it was cold so we gave Choco some hay and then we went inside and ate pock-horn and we played Go Shish, the card game.

The thing is, my child is disabled. That's what I need to admit. We certainly don't treat her as disabled. We don't tiptoe around the issue or overcompensate with gushy praise or behave in a way that masks fear. This is not by design so much that we really don't think of her as disabled. I don't know which came first, the not thinking or the not behaving, but I'm sure one feeds into the other. Recently I've started wondering when the benefits of that way of dealing with a disabled child lean and finally tip over into denial.

We talk like her. We say "gon-key." We say "gog." We say "gilk." We merge her language into ours.

There's a boy in her preschool class who wears a large train conductor's hat that just barely sits over his eyes. He hides beneath that hat, never looking at the other children, rarely participating in their play. Usually, when I drop Sasha off, I see him by himself, eyes gazing downward. But maybe nothing is wrong with that boy. Maybe he's just working all this out the way he needs to work it out.

I look at others. I look at a girl with a clubfoot; they say give it time. I look at a kid with a patch over one eye; the doctors are trying to get that lazy other eye working. I look at skinny kids with buckteeth and plump kids who seem to always be sweating and a girl puffing her asthma medication. I think of all the ways kids grow in fits and starts, like plants with extra shoots you have to lop off or bent stems you must stake. And I think none of this is so weird, this is just the way growth happens. So Sasha has her problem and they have theirs and we all end up in the same place, taking buses to work or driving our cars or hailing cabs and trying to get through the day so we can get home at a decent hour and have a plate of spaghetti.

So much worry and fuss, and people just go on becoming people, more or less.

Verbal apraxia is called childhood apraxia of speech, developmental apraxia of speech and verbal dyspraxia. It bothers me that the people in charge can't seem to agree on a name. It seems to me that if you've taken on the job of fixing kids with problems planning speech, you would engender a lot more confidence if you called your cronies and planned your own speech better.

The key is the root word *praxis*, which in medical jargon means "intended movement." People who have had strokes can become apraxic in speech and in fine and gross motor movement. The brain simply loses the ability to properly sequence voluntary actions.

Verbal apraxia is a neurological speech disorder. A child with the diagnosis of verbal apraxia can't consistently position the articulators (face, tongue, lips, jaw) for the production of sounds and for sequencing needed speech movements into syllables or words. There is nothing wrong with the muscles themselves. The child doesn't, for instance, have difficulty chewing or swallowing or sticking out her tongue at her sister. However, the area of the brain that tells the muscles how to move and what to do to make a particular sound or series of sounds CONTINUED

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isn't working right. This makes retrieving the "motor plan" for saying a word difficult.

Even though the child knows what he wants to say, he cannot say it correctly on command. Sometimes he can't even begin. Either the wrong sound comes out, or sounds are left out altogether. The speech motor plan is simply not accessible. These errors are not under the child's voluntary control, so he typically can't correct them, even when trying his hardest. It's like trying to tell your eyes to see better when you need glasses. Frequently a child will be able to produce a sound or word at one time and not be able to say it again when he wants to.

A 3-year-old who can't talk is very different from a 4-year-old who can't

Kids don't grow out of this, as they might a crippling shyness. When the problem is severe, intensive speech therapy, three to five times a week, is necessary for anything approaching success. It's not a quick fix. Most of these children might be in therapy for at least three years and sometimes significantly longer. The reason it takes so long is because a lot of the patterns of normal speech have to be deliberately programmed into the child's brain. This takes repetition. And all kinds of tricks the average parent would have no way of coming up with on her own. Sasha needs more than just auditory prompts to get her to make certain sounds. For her, tactile cues help. The *n* sound was completely beyond her grasp for years. "Anna" was "Alla" and "nut" was "gut" and "nose" was "gose."

One day Miss Sandy took Sasha's finger and placed it on the side of her own nose. She then said words that contained *n*, encouraging Sasha to feel the vibration. She did the same thing using Sasha's nose and coached and coached and coached.

"Ma! Watch this!" Sasha said at dinner that night. She put her finger on her nose and said, "Anna," clear as day.

For months every *n* word required her to stop and think and repeat the trick with her finger. Eventually, she could do it with no finger at all.

This is the way it has gone, one sound at a time and one sequence at a time and if you were to stop and look at the whole picture, you would feel as though you were an ancient Egyptian standing by a pile of rocks with Pharaoh standing over you with a drawing of a giant pyramid saying, "Here. Now build me one of those."

But normally I don't feel like that. Perhaps feeling like that is a more honest way of dealing with the disability.

Recently I found myself reading everything I could get my hands on about apraxia. I think being a 3-year-old who can't talk isn't such a burden but being a 4-year-old who can't talk is starting to get knotty. I read some parents' reports that supplements of omega-3 and omega 6 fatty acids have helped their kids with apraxia. I think how desperate and pathetic it is to believe in miracles in one breath; in the next I'm calling Alex at work and asking him to stop at the health-food store for a bottle.

Doctors don't know what causes apraxia, but some people say brain damage and some say the orphanage in China did it. Or the ghost mother who left her on the steps of a building. Or just the combination of so much hardship for such a tiny baby.

Nobody knows and no one will ever know, so I don't see the point of concocting stories, although the truth is it takes a lot more energy to stop myself from concocting. For the worried parent the imagination is always a bully to tame, and for the parent who fears her child has been victimized, look out! At times I feel an anger toward the orphanage workers, toward all the ghosts, that turns into a brittle, hot rage. But I have no characters with which to begin to invent a plot. Not one. To make them up is to invent tragedy. To invent! Discipline is the only way I've learned to shut down the imagination, to walk away from it, the voice of cool restraint, like a buddy yanking his friend away from the clenches of the cruel heckler. Just walk away. Walk away.

It's not that I'm against fighting. It's just that there's no one there to fight. No one from Sasha's earliest days but spirits in the wind.

If I throw my punches into the air, scream at what I imagine is left of their scent, go militant for the sake of my child, I turn my child into a victim. I set a stage featuring poor Sasha, the pathetic little orphan with the sad story and the malnourished body and the bald head and now look at her, she can't even talk.

Poor Sasha.

At 4 years old she is anything but that character. She has no sense of herself as some sorry object of pity. She is, simply, Sasha. A popular kid with a ready laugh and two best friends and a sister and a gon-key.



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r a complete list of questions to ask your doctor, go to www.FosamaxPlusD.com

Selected Cautionary Information

ou should not use FOSAMAX PLUS D if you have ain disorders of the esophagus (the tube connecting mouth with the stomach), are not able to stand or sit ight for 30 minutes, have severe kidney disease, low od calcium, or are allergic to FOSAMAX PLUS D. ore use, talk to your doctor if you have or have had nach or digestive problems or problems with llowing. In addition, you should talk to your doctor ou have conditions that may cause an overproduction itamin D (eg, sarcoidosis, leukemia, lymphoma

You should tell your doctor about all medicines you are taking, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Stop taking FOSAMAX PLUS D and call your doctor right away if you develop new or worsening heartburn, difficult or painful swallowing, or chest pain because these may be signs of serious upper digestive problems, which can include irritation, inflammation, or ulceration of the esophagus. (See the Patient Product Information for more details.) If you develop severe bone, joint, and/or muscle pain at any time, contact your doctor. Digestive side effects in studies were generally mild and included stomach pain, indigestion/heartburn, or nausea.

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What is the most important information I should know about FOSAMAX PLUS D?

- You must take FOSAMAX PLUS D exactly as directed to help make sure it works and to help lower the chance of harmful side effects.
- Choose the day of the week that best fits your schedule. Every week take 1 FOSAMAX PLUS D tablet on your chosen day.
- After getting up for the day and before taking your first food, drink, or other medicine, swallow your FOSAMAX PLUS D tablet with a full glass (6-8 oz) of plain water only.

[illegible] not take FOSAMAX PLUS D with:

[illegible]

[illegible]

- Do not chew or suck on a tablet of FOSAMAX PLUS D.
- After swallowing your FOSAMAX PLUS D tablet, do not lie down – stay fully upright (sitting, standing, or walking) for at least 30 minutes. Do not lie down until after your first food of the day. [illegible] D tablet [illegible] through [illegible] quickly, [illegible] FOSAMAX PLUS D might irritate your [illegible] that [illegible] with your stomach.
- After swallowing your FOSAMAX PLUS D tablet, wait at least 30 minutes before taking your first food, drink, or other medicine of the day. [illegible] antacids, [illegible] and other supplements and [illegible] FOSAMAX PLUS D after [illegible] it is taken when your [illegible]
- Do not take FOSAMAX PLUS D at bedtime or before getting up for the day.
- If you have chest pain, new or worsening heartburn, or have trouble or pain when you swallow, stop taking FOSAMAX PLUS D and call your doctor.

Some patients may need more vitamin D than is in FOSAMAX PLUS D. Your doctor may recommend additional vitamin D supplementation.

What is FOSAMAX PLUS D?

[illegible] that contains alendronate [illegible] active ingredients [illegible] with vitamin D, [illegible] it [illegible]

[illegible]

- The [illegible] (thinning of the bone) in women after [illegible] hard [illegible] A [illegible] fracture [illegible]
- [illegible] osteoporosis [illegible] per [illegible] a day [illegible] month after you [illegible] FOSAMAX PLUS D to continue to [illegible]

[illegible]

[illegible] vitamin D at the end of [illegible]

Who should not take FOSAMAX PLUS D?

[illegible]

- [illegible] that [illegible]
- [illegible]
- [illegible] note:
- [illegible]
- [illegible]
- [illegible] of [illegible]

[illegible] talk to your doctor about whether taking [illegible] is the best choice for you and [illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible] you take [illegible] prescription [illegible]

[illegible] of the pill and throw it to you [illegible] doctor or get a [illegible]

How should I take FOSAMAX PLUS D?

See "What is the most important information I should know about FOSAMAX PLUS D?" for important information about how to take the medicine and to help make sure it works for you. In addition, follow these instructions:

- Take 1 [illegible] FOSAMAX PLUS D [illegible] once a week.
- Choose the day of the week that best fits your schedule. Every week take 1 tablet of FOSAMAX PLUS D on your chosen day.
- After getting up for the day and before taking your first food, drink, or other medicine, swallow your FOSAMAX PLUS D tablet with a full glass (6-8 oz) of plain water only.
- It is important that you keep taking FOSAMAX PLUS D for as long as your doctor says to take it. For FOSAMAX PLUS D to continue to work, you need to keep taking it.
- If you miss a dose, take only 1 FOSAMAX PLUS D tablet on the morning after you remember. Do not take 2 tablets on the same day. Continue your usual schedule of 1 FOSAMAX PLUS D tablet once a week on your chosen day.
- If you think you took more than the prescribed dose of FOSAMAX PLUS D, drink a full glass of milk and contact your local poison control center or emergency room right away. Do not try to vomit. Do not lie down.

What should I avoid while taking FOSAMAX PLUS D?

- **Do not eat, drink, or take other medicines or supplements before taking FOSAMAX PLUS D.**
- **Wait for at least 30 minutes after taking FOSAMAX PLUS D to eat, drink, or take other medicines or supplements.**
- **Do not lie down for at least 30 minutes after taking FOSAMAX PLUS D. Do not lie down until after your first food of the day.**

What are the possible side effects of FOSAMAX PLUS D?

Some patients may get severe digestive reactions from FOSAMAX PLUS D. See "What is the most important information I should know about FOSAMAX PLUS D?" These reactions include irritation, inflammation, or ulcers of the esophagus, which may sometimes bleed. This may occur especially if patients do not drink a full glass of water with FOSAMAX PLUS D or if they lie down in less than 30 minutes or before their first food of the day. Esophagus reactions may get worse if patients continue to take FOSAMAX PLUS D after developing symptoms of an irritated esophagus.

Stop taking FOSAMAX PLUS D and call your doctor right away if you get any of these signs of possible serious problems:

- Chest pain
- Heartburn
- Trouble or pain when swallowing

Side effects in patients taking FOSAMAX PLUS D usually have been mild. They generally have not caused patients to stop taking FOSAMAX PLUS D.

The most common side effect is abdominal (stomach area) pain. Less common side effects are nausea, vomiting, a full or bloated feeling in the stomach, constipation, diarrhea, black or bloody stools (bowel movements), gas, headache, a changed sense of taste, and bone, muscle, or joint pain.

Severe bone, joint, and/or muscle pain has been reported in patients taking, by mouth, bisphosphonate drugs that are used to treat osteoporosis (thin bones). However, such reports have been rare. This group of drugs includes FOSAMAX PLUS D. Most of the patients were postmenopausal women (women who had stopped having periods). Patients developed pain within one day to several months after starting the drug. Most patients experienced relief after stopping the drug. Patients who develop severe bone, joint, and/or muscle pain after starting FOSAMAX PLUS D should contact their physician.

Transient flu like symptoms (rarely with fever), typically at the start of treatment, have occurred.

In rare cases, patients taking FOSAMAX PLUS D may get itching or eye pain or a rash that may be made worse by sunlight. Rarely, severe skin reactions may occur. Patients may get allergic reactions such as hives or in rare cases, swelling that can be of their face, lips, tongue, or throat which may cause trouble in breathing or swallowing. Mouth ulcers (sores) may occur if the FOSAMAX PLUS D tablet is chewed or dissolved in the mouth.

Rarely, patients have had jaw problems associated with delayed healing and infection, often following tooth extraction.

Any time you have a medical problem you think may be from FOSAMAX PLUS D, even if it is not listed above, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then a similar amount of new bone is formed. This balanced process keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause, and may also occur in men. In osteoporosis bone is removed faster than it is formed, so overall bone mass is lost and bones become weaker. Therefore, keeping bone mass is important to keep your bones healthy. In both men and women, osteoporosis may also be caused by certain medicines called corticosteroids.

At first, osteoporosis usually has no symptoms, but it can cause fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may not be painful, but over time they can make you shorter. Eventually, your spine can curve and your body can become bent over. Fractures may happen during normal, everyday activity, such as lifting or from minor injury that would normally not cause bones to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of ability to move around (mobility).

Who is at risk for osteoporosis?

Many things put people at risk of osteoporosis. The following people have a higher chance of getting osteoporosis:

- Women who are going through or who are past menopause
- Men who are elderly

People who

- Are white (Caucasian) or oriental (Asian)
- Are thin
- Have family member with osteoporosis
- Do not get enough calcium or vitamin D
- Do not exercise
- Smoke
- Drink alcohol often
- Take bone thinning medicines (like prednisone or other corticosteroids) for a long time

What should I know about vitamin D?

Vitamin D is an essential nutrient, required for calcium absorption and healthy bones. The main source is through exposure to summer sunlight which makes vitamin D in our skin. Winter sunlight in most of the United States is too weak to produce vitamin D. Even in the summer, clothing, sun block can prevent enough sunlight from getting through. In addition, as people age, their skin becomes less able to make vitamin D. Very few foods are natural sources of vitamin D. Some foods, such as milk, some brands of orange juice and breakfast cereals are fortified with vitamin D.

Too little vitamin D leads to low calcium absorption and low phosphate. These are minerals that make bones strong. Even if you are eating a diet rich in calcium or taking a calcium supplement, your body cannot absorb calcium properly unless you have enough vitamin D. Too little vitamin D may lead to bone loss and osteoporosis. Severe vitamin D deficiency can cause muscle weakness which can lead to falls, and greater risk of fracture.

What can I do to help treat osteoporosis?

In addition to FOSAMAX PLUS D, your doctor may suggest one or more of the following lifestyle changes:

- **Stop smoking.** Smoking may increase your chance of getting osteoporosis.
- **Reduce the use of alcohol.** Too much alcohol may increase the chance of osteoporosis and injuries that can cause fractures.
- **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries, including fractures. Talk with your doctor before you begin any exercise program.
- **Eat a balanced diet.** Having enough calcium in your diet is important. Your doctor can advise you whether you need to change your diet or take any dietary supplements, such as calcium or additional vitamin D.

What are the ingredients in FOSAMAX PLUS D?

Active ingredients: alendronate sodium and cholecalciferol (vitamin D). FOSAMAX PLUS D provides a week's worth of vitamin D (2800 IU). The Daily Value is 400 IU.

Inactive ingredients: cellulose, lactose, medium chain triglycerides, gelatin, croscarmellose sodium, sucrose, colloidal silicon dioxide, magnesium stearate, butylated hydroxytoluene, modified food starch, sodium aluminum silicate.

How do I store FOSAMAX PLUS D?

- Store FOSAMAX PLUS D at 68 to 77°F (20 to 25°C). Protect from moisture and light. Store tablets in the original blister package or box and carton until time of use.
- Safely discard FOSAMAX PLUS D that is out of date or no longer needed.
- **Keep all FOSAMAX PLUS D and all medicines out of the reach of children.**

General information about using FOSAMAX PLUS D safely and effectively

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. This medicine was prescribed for your particular condition. Alendronate in FOSAMAX PLUS D acts specifically on your bones. Do not use it for another condition or give it to others.

This leaflet is a summary of information about FOSAMAX PLUS D. If you have any questions or concerns about FOSAMAX PLUS D or osteoporosis, talk to your doctor, pharmacist, or other health care provider. You can ask your doctor or pharmacist for information about FOSAMAX PLUS D written for health care providers. For more information, call 1-877-408-4699 (toll free) or visit the following website: www.fosamaxplusd.com.

Rx only

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By

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A Perfect Foursome

It's so hard to find—and keep—couple friendships. So when four adults hit it off, we hang on for dear life

We met a couple at a dinner party about a year ago, and the four of us instantly hit it off. We were similar enough, yet different enough, that there was great potential for that most elusive of adult relationships—a new "couple friendship." That's when two couples become friendly not just because there happens to be a work connection, a kid connection or a friendship between half the couples into which their spouses are dragged kicking and screaming. I'm talking about a real emotional rectangle where all four people actually become instant friends.

A year later, I still think we are truly couple compatible. But there's a roadblock, and I have a pretty good idea what it is.

My wife and I are weird.

Lovably weird, I hope, but still weird, and in a very specific, socially challenged way. In a gender role reversal that may not seem like a big deal but actually is, I am the social director in our marriage. I am the one more motivated to make plans, keep plans and make follow-up plans. I am, okay, the wife, and Diane is the husband, who can be counted upon when asked to commit to an outing to sigh, "Okay, if we must."

So, in our 20 years together, I've had a lot of discussions that go like this:

Me to another husband: "The four of us ought to get together for dinner sometime soon."

"Okay. I'll have my wife call Diane."

"*Um*, well, maybe you better have your wife call me."

"*Huh?*"

By the way, I'm not trying to suggest that my wife is antisocial. Quite the opposite. Anyone who knows us will tell you Diane is much more charming than I am and infinitely more interesting. Not only is she an ideal guest, but she gives great thank-you note and even greater handwritten acceptance note, treating even the most casual get-together as though we've been invited to the White House. But until CONTINUED

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we actually leave the house to go see other people, getting her to commit to socializing can be a struggle.

Sometimes she doesn't want to tear herself away from her writing; sometimes her health problems keep her from wanting to stray too far from home. And she also resists surrendering all the time required to prepare for nights out, which I understand. For me, it takes about 20 minutes, from the start of my shower to the last slouching look in the mirror. For her . . . well, let's just say this is the one aspect of socializing where she is still very much the wife.

So, you can see the problem. Think of the sheer amount of time and energy all wives need to prepare themselves—shower, hair, makeup, dress, redress, ask how she looks, ignore the answer, go re-dress again, and then enter into a round of accessorizing before a period of self-hypnosis to get to her "happy place." If the wife wasn't the driving force in making the plans, what would keep her going through these arduous rituals, once used only to prepare Egyptian queens for burial?

We became the first adults ever to rent out the kids' party room at the local bowling alley

While there are times I wish Diane would take the lead in our social life, I might have a hard time relinquishing the job. It's a position I've held since teen-hood, when my house was always the one where people congregated (perhaps because we got cable early, and my mom had developed a technique of refrigerator stocking that allowed her to double the snack capacity of each shelf). If I had my way, the home Diane and I live in (and work in) would be a similar kind of adult clubhouse, but it hasn't worked out that way—which represents, I think, one of the few clear and recognizable compromises I made for love.

Still, I do realize that guys aren't always well suited to be family social directors. While Diane and I both treasure the integral role our couple friendships play in our marriage—and in some cases, we rely on them more than on family—I'm much more openly emotional and downright competitive when it comes to their care and feeding. I'm one of those people who treats every friendship with the same intensity that I did when I was a teenager. There's a joke that adulthood is just high school with money, but it's also high school without free time. Many of the friend issues you have in high school get confronted and resolved simply because you see everyone so often. Once you reach the grown-up world of work and family schedules, it's hard to block out the time to nurture a full-fledged friendship. Diane can accept this; I *don't want to* accept this. It's been especially challenging during the past few years, since most of our friends have kids and we don't. While I know it's stupid to feel this way, I sometimes worry I'm losing the competition for our favorite couples' time to a new group of interlopers, these neighborhood kid-and-carpool buddies.

When I'm feeling friendship-deprived, I take solace by looking through our bowling pictures. Early in our marriage, I decided to find the easiest, cheapest and least-stressful way to get our closest couple friends together in one place. So we became the first adults ever to rent out the kids' party room at a local bowling alley, where we had pizza and beer and wine served in kiddie party cups. Then we bowled—pretty badly—and ended the night with a goofy group photo.

That was 17 years ago, and now these annual bowling photos are a slide show chronicling the sagas of our major couple friendships. There are two longtime friends who were on hiatus from my life when the parties began but are now back. While their first marriages didn't click with mine (okay, one wife had me thrown out of the wedding party) they show up pictured with their new spouses, with whom we'll all live happily ever after. But miraculously, our core group has been bowling and talking together once a year since "Love Shack" was blaring on the sound system. In fact, this year we all got so involved in conversation and catching up that, for the first time, we actually forgot to bowl. Several hours later we looked up, saw that our lanes had been given away and decided we didn't really care. We had spent the time doing something much more important.

Next month: Married men and their mothers.

Have questions or comments for Stephen Fried? E-mail him at lhj.heartofahusband@meredith.com. You can also catch up on his past columns at www.lhj.com/stephenfried.

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He Says, She Says



I want a dog but my wife is against it. I told her that I'll be responsible for walking and feeding him, but she just laughs and says that she knows she'll end up doing the dirty work. I'm not a 6-year-old—why do I need her permission anyway?

She Says Why do I get the feeling, from the tone of this question, that your wife knows you much better than I do? Tell the truth: Are there unused hang gliders and boat-making kits languishing in your garage? A dog can't be stuffed in the closet to gather dust: It's a member of the family, as much as your children. (You *do* help with the caretaking of your children, don't you?) So can you honestly say that the dog won't become your wife's responsibility? Right. I didn't think so. You'd better wait until you can give an unequivocal yes.

He Says Sorry, buddy, on this one I'm on your wife's side. That's because 10 years ago my wife promised that if we got a dog she'd be so attentive I'd never even know he was in the house. Ten years later I'm the one holding the pooper-scooper three times a day, singin' "you ain't nothin' but a hound dog, cryin' all the time." Her exasperated rejoinder: "Do you know how busy I am?" Yes! That's why I didn't want to get the damn dog. My advice? Unless you both have the same level of doggie desire, don't do it.

My husband keeps buying me sexy, skimpy outfits. I'm in good shape but I'm too old to be prancing around suburban parties in micro-minis and too-tight tops. I told him if he wanted a hooker, he shouldn't have married a lady!

She Says First, congratulate yourself. Obviously your husband thinks you're as hot as Gabrielle on *Desperate Housewives*. But explain that while you love looking good for him, you're feeling as though you're the talk of the PTA. Then compromise: You'll don the stilettos and French maid's uniform in private if he'll lay off demanding the hooker wear in public. (PS: Is it possible that you merely *think* of yourself as too old and that you're dressing like a mother superior when your body and your age allow you to dress like a vixen?)

He Says I don't know Mars from Venus. But I do know that nothing illustrates the differences between my wife and me more than our reactions to a lingerie catalog. While I'm imagining her in a skimpy outfit, she's picturing a thong riding up her rear. My advice (though it is totally ignored at my house) is to release your inner tramp, preferably on a Friday night. If the push-up bra and French-cut bikinis do the trick, you won't be wearing them for long anyway. And I guarantee he'll smile through the honey-do list on Saturday.

My son wants to get a motorcycle for his high school graduation, and my husband thinks it's a great idea. I'm violently opposed. They're high-fiving each other, and I'm furious. What should I do?

She Says There's a lot of stuff I can joke about, but as the mother of two boys I can't be flippant about vehicle safety. And in this case your husband's being a jerk. Tell him in no uncertain terms that you don't think he's being a responsible father. If he still insists on giving your son the motorcycle, say that your graduation present will be a series of intensive safety lessons—and you won't give your son a penny for anything else until he completes them.

He Says I know what you're thinking: Roaring down the open road, Steppenwolf blasting on the radio, your son's body parts rearranged like a Picasso portrait. While I've had a few Harley fantasies, I agree that teenagers and motorcycles are usually a bad combination. To scare him off you could get a tattoo and threaten to ride with him. Or if your husband and son insist on the bike, demand that the gift include safety gear and a gift certificate for a motorcycle safety course.

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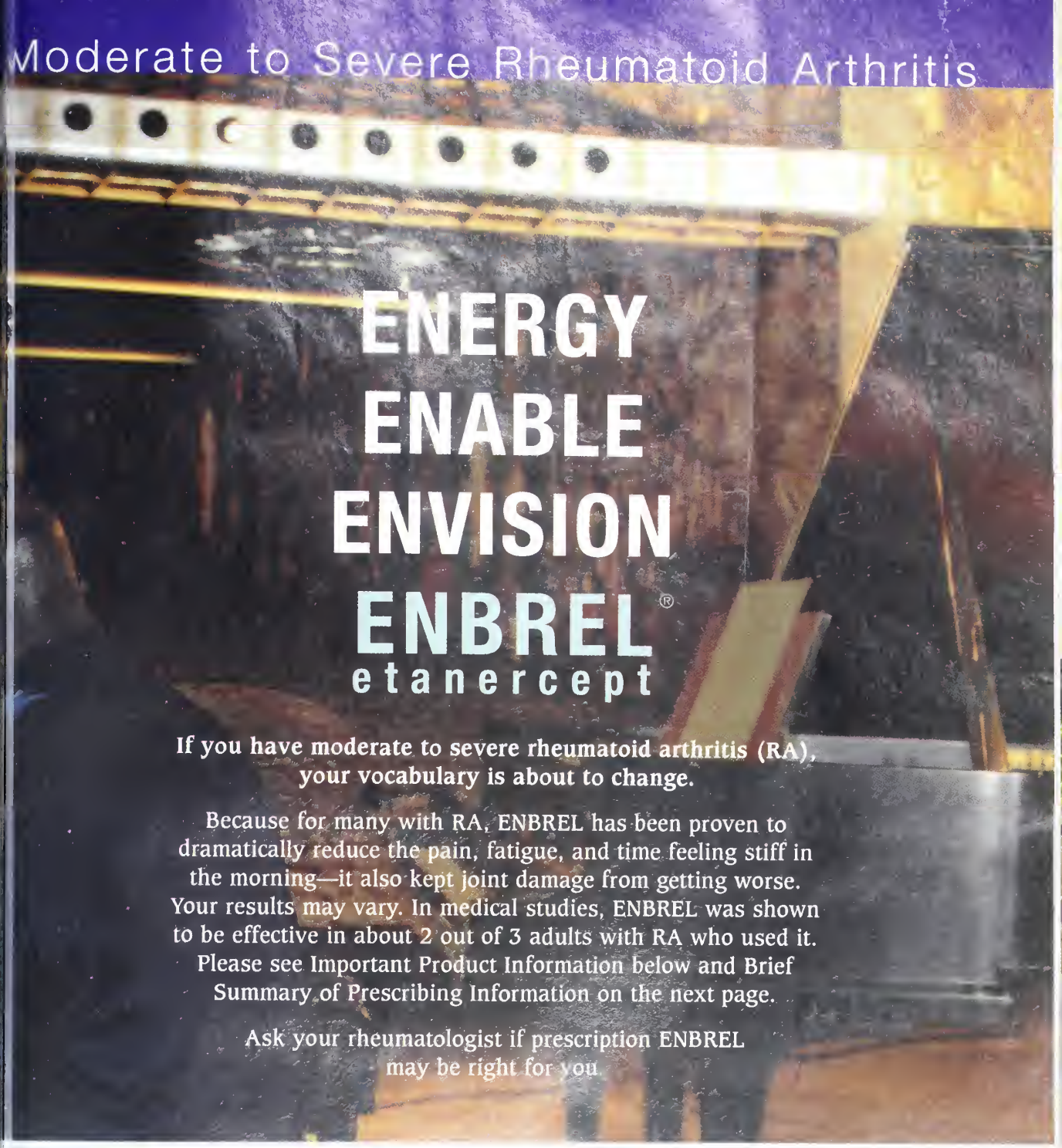
Indication: ENBREL is indicated for reducing signs and symptoms, helping to keep joint damage from getting worse, and improving physical function in patients with moderate to severe RA. ENBREL can be taken with methotrexate or used alone.

What important information do I need to know about taking ENBREL?

ENBREL is a type of protein called a tumor necrosis factor (TNF) blocker that blocks the action of a substance your body's immune system makes called TNF. People with an immune disease, such as rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and psoriasis, have too much TNF in their bodies. ENBREL can reduce the amount of TNF in the body to normal levels, helping to treat your disease. But, in doing so, ENBREL can also lower the ability of your immune system to fight infections.

All medicines have side effects, including ENBREL. Possible side effects of ENBREL include:

- **Serious infections**
  - **Many occurred in people prone to infection, such as those with advanced or poorly controlled diabetes**
  - **Some serious infections have been fatal**
  - **Rare cases of tuberculosis have occurred**
- **What not to do**
  - **Do not start ENBREL if you have a infection, such as an open sore o the flu, or are allergic to ENBREL o its components**
- **What to do**
  - **Tell your doctor if you are pron to infection**
  - **Stop ENBREL if a serious infectio occurs**



- **Contact your doctor if you have questions about ENBREL or develop an infection**
- **Tell your doctor if you have ever been treated for heart failure**

ous nervous system disorders, such as iple sclerosis, seizures, or inflammation of nerves of the eyes

l your doctor if you have ever had any of ese disorders or if you develop them after rting ENBREL

- Rare reports of serious blood disorders (some fatal)
  - **Contact your doctor immediately if you develop symptoms, such as persistent fever, bruising, bleeding, or paleness**
- In medical studies of all TNF blockers, including ENBREL, a higher rate of lymphoma (a type of cancer) was seen compared to the general population. The risk of lymphoma may be up to several-fold higher in rheumatoid arthritis and psoriasis patients
  - The role of TNF blockers, including ENBREL, in the development of lymphoma is unknown
- ENBREL can cause injection site reactions

See the next page for important Patient Information about ENBREL.

www.enbrel.com

Enbrel®
etanercept

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114308-01

Important Information for Patients About Enbrel® (etanercept)

This brief summary of the package insert contains information for patients and their caregivers about ENBREL. This brief summary does not include all information about ENBREL and does not take the place of discussions with your doctor about your treatment. Please read this important information before you start taking ENBREL and discuss any questions about ENBREL with your doctor.

What is ENBREL and what is it used for?

ENBREL is a medicine for adults and children with moderate to severe forms of rheumatoid arthritis (RA) and a type of disease called psoriatic arthritis. ENBREL is also for adults with a type of arthritis called ankylosing spondylitis (AS). ENBREL is also for adults with moderate to severe psoriasis. RA, psoriatic arthritis, and AS are inflammatory diseases that affect the joints in your body. Psoriasis is an inflammatory disease that affects the skin and can cause raised, thick, red and scaly patches ("psoriatic skin lesions") that can appear anywhere on the body. Psoriatic arthritis usually affects both the joints and the skin.

ENBREL is indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active rheumatoid arthritis. ENBREL can be initiated in combination with methotrexate (MTX) or used alone.

ENBREL is indicated for reducing signs and symptoms of moderately to severely active polyarticular-course juvenile rheumatoid arthritis in patients who have had an inadequate response to one or more DMARDs.

ENBREL is indicated for reducing signs and symptoms, inhibiting the progression of structural damage of active arthritis, and improving physical function in patients with psoriatic arthritis. ENBREL can be used in combination with methotrexate in patients who do not respond adequately to methotrexate alone.

ENBREL is indicated for reducing signs and symptoms in patients with active ankylosing spondylitis.

ENBREL is indicated for the treatment of adult patients (18 years or older) with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

How does ENBREL work?

ENBREL is a type of protein called a tumor necrosis factor (TNF) blocker that blocks the action of a substance your body makes called TNF-alpha. Tumor necrosis factor-alpha is made by your body's immune system. People with immune diseases such as RA, JRA, AS, psoriatic arthritis, and psoriasis have too much TNF-alpha in their bodies. In RA, JRA and AS, this can cause inflammation and lead to painful, swollen joints. In psoriasis and psoriatic arthritis this can cause thick, red, scaly patches ("psoriatic skin lesions") that can appear anywhere on the body. ENBREL can reduce the amount of TNF in the body to normal levels, helping to treat joint damage and skin lesions.

While ENBREL can block the damage that too much TNF-alpha can cause, it can also lower the ability of your immune system to fight infections. So, taking ENBREL can make you more prone to getting infections or make any infection that you may have worse.

What important information do I need to know about taking ENBREL?

All medicines have side effects. Medicines, like ENBREL, that affect your immune system can cause serious side effects. The possible serious side effects include:

- **Serious infections.** There have been rare cases where patients taking ENRREL or other TNF blocking agents have developed serious infections, including tuberculosis (TB) and infections caused by bacteria or fungi that have spread throughout their body (sepsis). Some patients have died from these infections. If you tend to get infections easily or if you develop an infection while taking ENBREL, you should tell your doctor right away. Taking ENBREL with Kineret® (anakinra) is not recommended because this may increase your risk of getting a serious infection.
- **Nervous system diseases.** There have been rare cases of disorders that affect the nervous system of people taking ENBREL or other TNF blockers. Signs that you could be experiencing a problem affecting your nervous system include: numbness or tingling throughout your body, problems with your vision, weakness in your arms and/or legs and dizziness.
- **Blood problems.** In some patients the body may fail to produce enough of the blood cells that help your body fight infections or help you to stop bleeding. If you develop a fever that doesn't go away, bruise or bleed very easily, or look very pale, call your doctor right away. Your doctor may decide to stop your treatment. Some people have also had symptoms that resemble lupus (rash on your face and arms that gets worse in the sun) that may go away when you stop taking ENBREL.
- **Heart problems.** You should also tell your doctor if you have ever been treated for heart failure. If you have, your doctor may choose not to start you on ENBREL, or may want to monitor you more closely.
- **Allergic reactions.** Some patients have had allergic reactions to ENBREL. If you develop a severe rash, swollen face, or difficulty breathing while taking ENBREL, call your doctor right away.
- **Malignancies.** RA and psoriasis patients, particularly those with highly active disease, may be at higher risk for lymphoma (a type of cancer). There have been rare reports of lymphoma in patients taking ENBREL or other TNF blockers, occurring more often than expected for people in general. The role of ENBREL in the development of cancer is not known.

Before you start taking ENBREL you should tell your doctor if you have or have had any of the following:

- Any kind of infection including an infection that is in only one place in your body (such as an open sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from ENBREL.
- A history of infections that keep coming back or other conditions, like diabetes, that might increase your risk of infections.
- Tuberculosis (TB), or if you have been in close contact with someone who has had tuberculosis. If you develop any of the symptoms of tuberculosis (a dry cough that doesn't go away, weight loss, fever, night sweats) call your doctor. You will need to be examined for TB and have a skin test.
- Any numbness or tingling or a disease that affects your nervous system like multiple sclerosis.
- Been newly diagnosed or are being treated for congestive heart failure.
- Been scheduled to have major surgery.
- Been scheduled to be vaccinated for anything.

If you are not sure or have any questions about any of this information, ask your doctor.

What are the other more common side effects with ENBREL?

- Reactions where the injection was given. These reactions are usually mild and included redness, rash, swelling, itching, or bruising. These usually go away within 3 to 5 days. If you have pain, redness or swelling around the injection site that doesn't go away or gets worse, call your doctor.
- Upper respiratory infections (sinus infections)
- Headaches

Who should not take ENBREL?

You should not take ENBREL if you have sepsis or have ever had an allergic reaction to ENBREL.

Can I take ENBREL if I am pregnant or breast-feeding?

ENBREL has not been studied in pregnant women or nursing mothers, so we don't know what the effects are on pregnant women or nursing babies. You should tell your doctor if you are pregnant, become pregnant, or are thinking about becoming pregnant.

Pregnancy Registry: To check the health of pregnant women exposed to ENBREL and their infants, a pregnancy registry is available. Patients are encouraged to contact the registry themselves or to ask their doctors to contact the registry for them by calling 1-877-311-8972.

Can I take ENBREL if I am taking other medicines for my rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, psoriasis or other conditions?

Yes, you can take other medicines if your doctor has prescribed them or has told you it is OK to take them while you are taking ENBREL. It is important that you tell your doctor about any other medicines (for example, high blood pressure medicine) you are taking for other conditions before you start taking ENBREL. Taking ENBREL with Kineret® (anakinra) is not recommended because this may increase your risk of getting a serious infection. Taking ENBREL with cyclophosphamide (used to treat cancer or other immune diseases) is not recommended.

You should also tell your doctor about any over-the-counter drugs, herbal medicines and vitamin and mineral supplements you are taking.

How do I take ENBREL?

ENBREL is given by injection under the skin. You should use ENBREL under the guidance of your doctor. Do not administer ENBREL until you have been trained by a qualified health care professional in how to inject ENBREL.

Adults

The recommended dosage for ENBREL for adult patients with RA, psoriatic arthritis, or AS is 50 mg per week given under the skin. The recommended dosage for adult patients with plaque psoriasis is a 50 mg dose twice a week (3 or 4 days apart) for 3 months. After 3 months, the dosage is reduced to 50 mg once a week.

Children

The recommended dose of ENBREL for children with juvenile rheumatoid arthritis is based upon the child's body weight. The child's doctor will tell you the correct amount of ENBREL your child should take.

What should I do if I miss a dose of ENBREL?

If you forget to take ENBREL when you are supposed to, contact your doctor to find out when to take your next dose of ENBREL.

How should ENBREL be stored?

ENBREL must be stored in the refrigerator at 36°F to 46°F (2°C to 8°C).
DO NOT FREEZE.

How can I find out more about ENBREL?

To find out more about ENBREL, or if you have more questions:

- Talk to your doctor. Your doctor is the best source of information.
- You can also call 1-888-4ENBREL (1-888-436-2735).

This line is open Monday through Friday, 8:00 AM to 11:00 PM Eastern time, or visit www.enbrel.com.

ENBREL is available by prescription only.

This brief summary is based on ENBREL Professional and Patient Prescribing Information revised on July 28, 2005.

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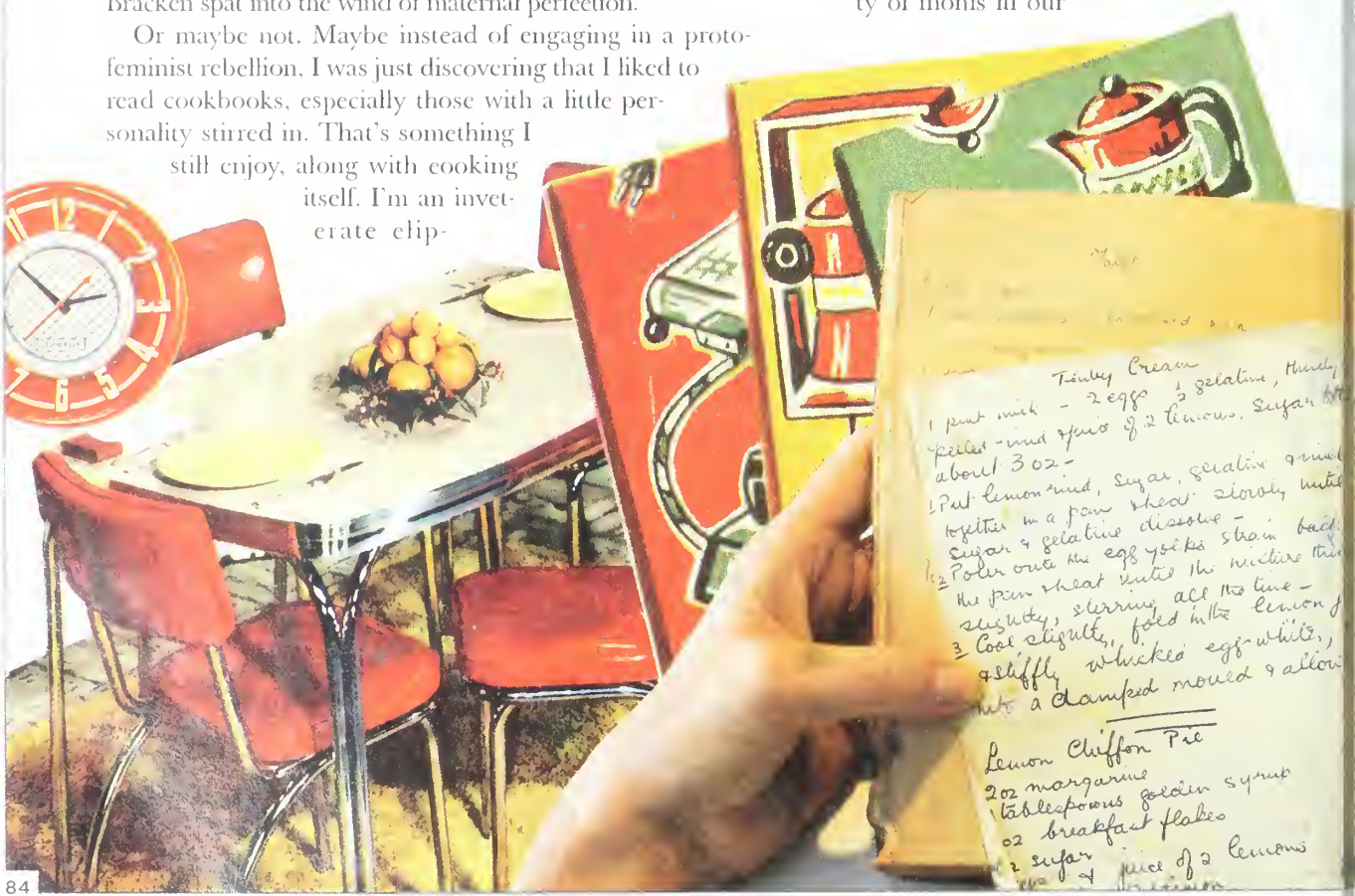
To Stir, With Love

Whatever their culinary bent, moms through the ages faced the same fundamental struggle: how to feed their families well and stay sane in the process. Here, one mother–daughter pair compare notes—and recipes

Perri: When I was growing up in the suburbs of New Jersey, my mother's favorite cookbook was Peg Bracken's *I Hate to Cook Book*. Slightly subversive for its time—the early 1960s—Bracken's text offered wit and wisdom along with recipes for women warriors engaged in unending domestic battle. I found it enthralling. Early on the author announced that her audience was those women who, at the end of the day, would rather fold their hands around a dry martini than a wet flounder. I was too young for dry martinis or even dry martini fantasies (ours was not a martini household, in any ease) but I relished the cheerfully irreverent spirit with which Bracken spat into the wind of maternal perfection.

Or maybe not. Maybe instead of engaging in a proto-feminist rebellion, I was just discovering that I liked to read cookbooks, especially those with a little personality stirred in. That's something I still enjoy, along with cooking itself. I'm an inveterate clipper of recipes, and I like to experiment with new ingredients. Yet, like most working women of my generation, I frequently do not cook at all. As my three children well know, I am a master of the pan-Asian restaurant menus in our Cambridge, Massachusetts, neighborhood.

My mother, on the other hand, brought up three children without ever resorting to pizza or takeout. And, unlike the majority of moms in our



suburb, she held a full-time job. Every afternoon, she'd come home from work and busily set about preparing a family dinner with a protein main dish, a green vegetable and a stareh. Every damn night.

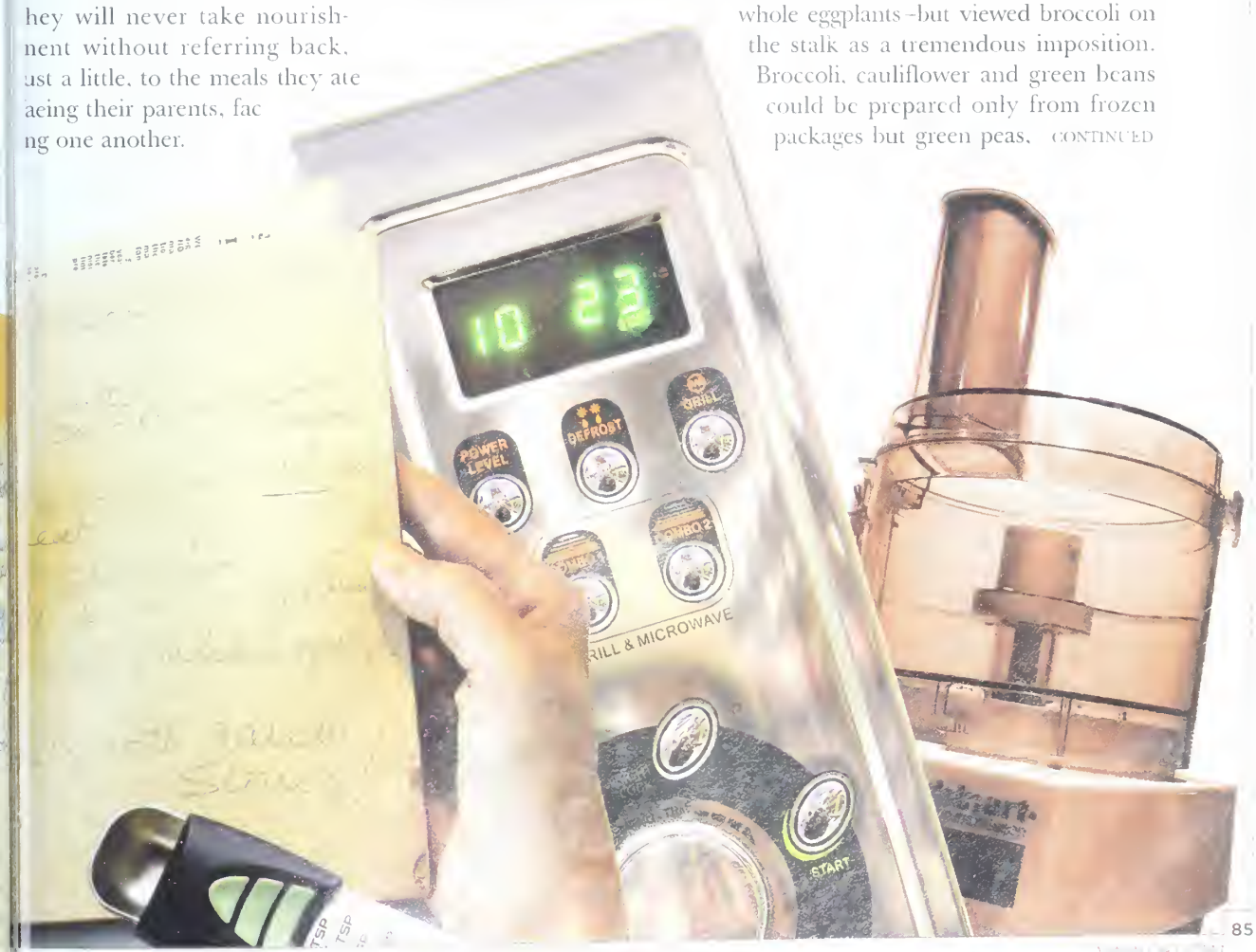
The five of us ate those dinners sitting around a circular table in our kitchen. Experts today claim that eating together strengthens families and helps children grow up sane and healthy. Well, that's how I grew up, and I'm sure all those hours around the table served an important purpose.

My own kids will have plenty of around-the-table memories, too, even if many will involve little white cartons on the kitchen counter or restaurant tables covered with chopsticks. I believe that the food you serve and how you serve it gets built into children's bodies and brains, so that they will never take nourishment without referring back, just a little, to the meals they ate facing their parents, facing one another.

By Perri Klass and Sheila Solomon Klass

Sheila: My own mother shopped, cooked, cleaned and ran a household for half a century. From her I learned that a mother had to be the first one up in the morning and the last one to bed at night. I learned one could not start the day without a hot breakfast preceded by orange juice. She'd heard a radio expert say that as soon as juice is poured, the vitamins start to escape, so we'd all have to come running whenever we heard her summons "Quick! Quick! The vitamins are escaping!" Even if you'd finally gotten your turn in the bathroom (five people, one bathroom!) you had to dash out and gulp down your juice.

Perri: My mother believed—and still believes—that she hates to cook. In her mind, she was fighting a popular ideology that prized anything requiring extra time and effort. Women, she believed, were expected to produce home-baked cakes to prove a moral point when anyone could see that bakery cakes were superior. Thus, she invented a rigid kitchen code of what was doable and what was too much trouble. This code followed no particular logic. Mom was happy to deal with whole onions, whole garlic cloves, whole eggplants—but viewed broccoli on the stalk as a tremendous imposition. Broccoli, cauliflower and green beans could be prepared only from frozen packages but green peas, CONTINUED



in season, were shelled and eaten as a treat. She would hand-roll the cabbage for dozens of stuffed cabbage rolls, simmer them in tomato sauce—and then serve them over canned potatoes, because peeling potatoes was "trouble." The one unvarying rule was that there had to be a balanced meal on the table every night—no frozen entrées, no ordering out for pizza.

Sheila: Looking back at their childhoods, my children imagine I was a good cook. I was not; I was a captive cook. I always had the sense that I was losing the race in the kitchen. I felt pursued all the time, and the only way for me to catch up was with shortcuts. Before I left for work in the morning, I'd set up the slow cooker, which turned out eight-hour tetrazzinis, cacciatores and casseroles. I followed recipes religiously, but replaced fresh ingredients with frozen-canned-dehydrated-processed everything. I felt guilty, though, because in a race shortcuts mean cheating.

Yet how else to feed five hungry people every day for decades? I was an anomaly, a suburban working mother. Every afternoon, as I sat on the bus, I would contemplate dinner not with any sensual or creative anticipation but with unbridled anxiety: Would I be able to pull it off again tonight, one more time? My children sometimes begged for the TV dinners that their friends ate but those were anathema to me. A mother owed her family a hot breakfast and a home-cooked dinner—especially a mother who was away from her kids all day long.

My family particularly liked three dishes I made: curried honey chicken, sweet-and-sour stuffed cabbage and lamb riblets. All three smelled wonderful and all were inexpensive (lamb riblets cost just 15 cents a pound in the 1960s). I served them so often that I think my kids became addicted, which may account for their inflated view of my culinary skills.

The chicken and lamb dishes were easy—I mixed up a sauce, poured it over the meat and placed the pot in the oven. The stuffed cabbage was the single aberration, my one great, labor-intensive dish. The recipe came indirectly from my grandmother. I'd watched her and estimated the ingredients because she never measured anything. She used handfuls and bowlfuls and pinches of this and that. I loved her and I loved making her stuffed cabbage for my family. The cabbage leaves have to be boiled until tender but not mushy; the meat, onion and egg mixture required gentle kneading. Contouring the meat so it was sealed in shapely, symmetrical cabbage rolls (self-adhering, not fastened by toothpicks) was a triumph. I recently taught this technique to my granddaughter Josephine, Perri's daughter, who's now 16. To my delight she's a natural-born cabbage roller.

When I think back to dusk during those years, I remember the aromas luring the kids into the kitchen and my great joy at being with them. At night, after a long day, I felt content to be home in the kitchen, where I was supposed to be. We usually ate our evening meal around the kitchen table, saving the dining room for state occasions. So permanent was our habit of dining together that months after Perri left for college, I found myself still setting her place at the table.

Perri: My mom is wrong—she was a good cook. Even an ambitious, exotic cook, at least by the suburban standards of 40 years ago. We were not allowed TV dinners, no matter how much we begged, and we ate a wide variety of curries, because my father was an anthropologist and my parents had lived in Trinidad and India, where they developed a taste for Indian cooking. Mom's spice shelf included garam masala, turmeric, cumin, coriander and cayenne, and her pantry held not only sweet mango chutney but also achar, a spicy mango pickle in mustard oil that my father loved.

My mother refutes CONTINUED

I felt guilty about using frozen ingredients because in a race shortcuts mean cheating



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any suggestion that there may be some element of sensuality in her relationship to food, that she may have been guided by taste and smell and the easy domestic pleasures they bring. She credits rigid recipe-following and a Victorian sense of duty, which she undeniably possessed. When I think of those hot breakfasts, served on plates, with silverware and napkins, I am torn between admiration and a sense of anger on her behalf—mingled, of course, with my own sense of losing the race, as I hustle my own unbreakfasted kids out the door in the morning, urging them to grab a handful of nuts to eat in the car.

Mom would say that I am a better—and certainly a more confident—cook than she ever was. I would probably politicize the point, arguing that this is not because of any innate talent but rather because I do not feel obligated to cook every day. I do not believe making dinner, let alone breakfast, for my family of five is solely my responsibility. I don't think I'm failing as a mother if I come home tired and decide it's a good night for Thai takeout. Nor do I believe it's my job alone to stock the larder and plan the menu.

This approach leaves me free to cook only for pleasure—and to take pleasure in my cooking. While I have my own repertoire of stock weekday meals and my own list of dishes that are too much trouble, food and cooking are sources of fun, fantasy and adventure for me. I enjoy preparing ritual menus on ritual days, like the turkey at Thanksgiving, the borscht for the pink dinner we have on Valentine's Day and the macaroni and spareribs that all three children demand on their birthdays. I am a highly egotistical cook: I expect my children to applaud the culinary effort that goes into these meals.

Sheila: When I visit Perri's family, cooking is an indoor sport that everyone plays. Her kitchen is often a sort of happy bedlam, with husband Larry baking pies and their children employed in various preparatory activities—paring, slicing and, most important, tasting. Sometimes I grate Parmesan cheese or peel garlic. Minimal tasks, often performed with a grandchild.

Perri is the communications center from whom all critical commands flow. Her cooking philosophy requires using every utensil possible and no worries about cleanup. There are no bare counters or other surfaces in their kitchen, and where to put hot pans is a matter of exquisite balance and keen judgment. And yet from this maelstrom of culinary madness come the most incredible foods: pasta with complicated sauces, delicate risottos, roasted asparagus, curried pumpkin. It's as if one instant before eating time, Glinda the Good Witch waves her wand and order and grace descend.

My true contribution comes afterward: Perri usually allows me to wash the dishes. I embrace this job, for it seems to me that I, and I alone, can restore order in the kitchen in the way I know best.

Perri: For years I tried to stop my mother from doing dishes when she visits. I object to the notion that it's necessary to leap up and start stacking the dishes the moment Thanksgiving dinner is over. I prefer to sit around the table talking (and digesting). My mother will tell me to sit, rest, enjoy; I will respond that it's hard for the hostess to rest while a guest in her 70s is doing the dishes. Sometimes I win, and she sits restlessly at the table, dreaming of a sink full of hot water, a drainboard full of gleaming plates. And sometimes she wins, and I resentfully join her at the sink.

Yet for all my mother's protestations (not to mention her overly generous characterization of my abilities), I am certain that part of my pleasure in cooking comes directly from her. She communicated a profound—if eccentric—connection to the ingredients she used and all they evoked, from the Indian spices that called up memories of distant places to the cabbage rolls that harked back to her grandparents' origins in Poland and Hungary. I have to believe that she found pleasure in providing for her husband and children—and that some of that pleasure came from her own skill with flavor and texture.

> I don't think I'm failing as a mother if I'm tired and decide it's a good night for Thai takeout

I realize that it was probably harder to appreciate those pleasures because of the race she had to run, because of the stew of guilt and maternal expectations that sloshed around in her cooking pots. Then again, those ingredients are always part of the domestic seasoning. There is always some guilt and some obligation and some tension in the mix to set off the cinnamon and nutmeg and honey of maternal love.

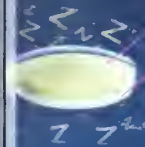
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(zolpidem tartrate extended-release tablets)

INFORMATION FOR PATIENTS TAKING AMBIEN CR

Your doctor has prescribed Ambien CR to help you sleep. The following information is intended to guide you in the safe use of this medicine. It is not meant to take the place of your doctor's instructions. If you have any questions about Ambien CR tablets be sure to ask your doctor or pharmacist.

Ambien CR is used to treat different types of sleep problems, such as:

- trouble falling asleep
- waking up often during the night

Some people may have more than one of these problems.

Ambien CR belongs to a group of medicines known as the "sedative/hypnotics", or simply "sleep medicines". There are many different sleep medicines available to help people sleep better. Sleep problems are usually temporary, requiring treatment for only a short time, usually 1 or 2 days up to 1 or 2 weeks. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

SIDE EFFECTS

Most common side effects:

- headache
- somnolence (sleepiness)
- dizziness

You may find that these medicines make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of Ambien CR that is best for you.

To manage these side effects while you are taking this medicine:

- When you first start taking Ambien CR or any other sleep medicine until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- NEVER drink alcohol while you are being treated with Ambien CR or any sleep medicine. Alcohol can increase the side effects of Ambien CR or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking Ambien CR.
- Always take the exact dose of Ambien CR prescribed by your doctor. Never change your dose without talking to your doctor first.

SPECIAL CONCERNS

There are some special problems that may occur while taking sleep medicines.

Memory problems: Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine.

Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia."

Be sure to talk to your doctor if you think you are having memory problems. Although memory problems are not very common while taking Ambien CR, in most instances, they can be avoided if you take Ambien CR only when you are able to get a full night's sleep (7 to 8 hours) before you need to be active again.

Tolerance: When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness to help you sleep. This is known as "tolerance". Sleep medicines should, in most cases, be used only for short periods of time, such as 1 or 2 days and generally no longer than 1 or 2 weeks. If your sleep problems continue, consult your doctor who will determine whether other measures are needed to overcome your sleep problems.

Dependence: Sleep medicines can cause dependence, especially when these medicines are used regularly for longer than a few weeks or at high doses. Some people develop a need to continue taking their medicines. This is known as dependence or "addiction."

When people develop dependence, they may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able to function normally and unpleasant symptoms may occur (see *Withdrawal*). They may find that they have to keep taking the medicines either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks.

If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting Ambien or any sleep medicine.

Withdrawal: Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In some cases, these symptoms can occur even if the medicine has been used for only a week or two.

In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping than a few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking Ambien CR or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes in behavior and thinking: Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- more outgoing or aggressive behavior than normal
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used.

It is also important to realize that it is rarely clear whether these behavior changes are caused by the medicine, an illness, or occur on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have unusual or disturbing thoughts, call your doctor immediately.

Pregnancy: Sleep medicines may cause sedation of the unborn baby when used during the last weeks of pregnancy.

Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR.

SAFE USE OF SLEEPING MEDICINES

To ensure the safe and effective use of Ambien CR or any other sleep medicine, you should observe the following cautions:

1. Ambien CR is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take Ambien CR. Ambien CR tablets should not be divided, crushed, or chewed, and must be swallowed whole.
2. Never use Ambien CR or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with Ambien CR or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking Ambien CR or any other sleep medicine.
5. Do not take Ambien CR unless you are able to get a full night's sleep before you must be active again. For example, Ambien CR should not be taken on an overnight airplane flight of less than 7 to 8 hours since "traveler's amnesia" may occur.
6. Do not increase the prescribed dose of Ambien CR or any other sleep medicine unless instructed by your doctor.
7. When you first start taking Ambien CR or any other sleep medicine, until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
8. Be aware that you may have more sleeping problems the first night after stopping Ambien CR or any other sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR or any other sleep medicine.
10. As with all prescription medicines, never share Ambien CR or any other sleep medicine with anyone else. Always store Ambien CR or any other sleep medicine in the original container that you received it in and store it out of reach of children.
11. Ambien CR works very quickly. You should only take Ambien CR right before going to bed and are ready to go to sleep.

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LA-Z-BOY

An Act of Lifesaving Love

An amazing rescue by his two beloved Labs saved Bill Burns's life one cold dark night



Burns's dogs, Butch, left, and Dusty, keep a close eye on him these days

When Bill Burns let the dogs out the back door of his Centerton, Indiana, house that morning, they charged out, returning with their usual gifts of rocks and twigs. Butch, the playful 5-year-old black Labrador, selected a gnarled stick. Dusty, the 17-year-old yellow Lab whom Burns calls "my old lady," plopped a rock into Burns's palm.

"Wow, thanks," he said, as he does every day. "These sure look like precious gems." Then he gave each dog a scratch behind the ear.

The dogs followed Burns, 54, on his routine of feeding the two Belgian horses, one goat, one outdoor dog and 11 cats that all share the four-acre ranch with Burns and his wife, Pamela June, 54, who does administrative work for a steel company. Although both are dog lovers, Dusty and Butch bonded more with Burns from the beginning. "They're inseparable," Pam says. "Bill feeds them, walks them and even vacuums up the dog fur." When Burns drives his pickup truck into town, the canines go, too. This particular January day Burns spent mostly in the woodworking shop that he has run from his home for 35 years, the dogs stretched out by his feet to keep him company.

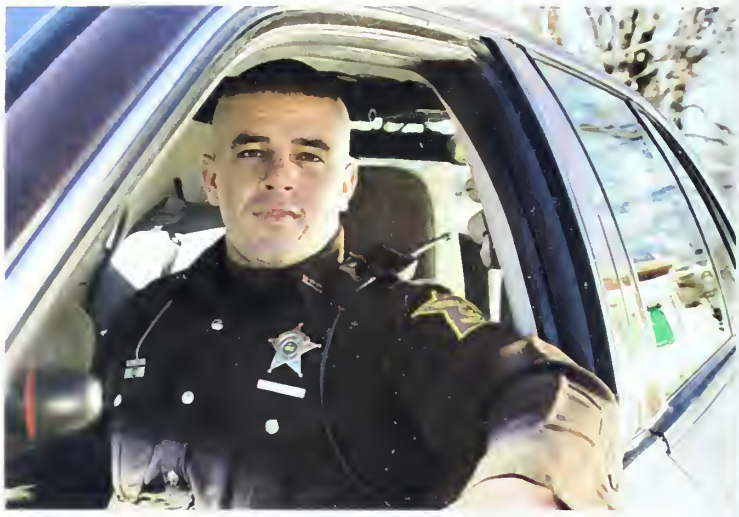
Burns has battled type 1 diabetes for the past 15 years and every day takes many pills, plus five injections of insulin, to manage the disease. Recently he'd been feeling both foggy and antsy, which he blamed on his medications.

That night Burns didn't want to watch his favorite TV show, *Dancing With the Stars*, with Pam, a Thursday date they kept each week. Instead, he craved a walk to help shake the jitters away. He took the dogs, of course, for the regular four-block loop around their neighborhood. Pam stayed in to watch their show and afterward dozed off.

When Burns headed out the door, flashlight in hand, Dusty was right in front of him and Butch at his heel. They walked for about 20 minutes, but Burns felt confused and he veered from his regular path. Nearly a mile down the road, in the middle of a cornfield—in a place where Pam would CONTINUED



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Deputy Sheriff Hoffman was led to Burns in the nick of time

never have known to look for him–Burns collapsed and fell into an apparent diabetic coma in the 32-degree night.

More than two hours after Burns left his house, Steve Hoffman, a 29-year-old sheriff's deputy, was patrolling a rural county road that runs along stretches of cornfield–no street lights, one lane in each direction and not highly trafficked–when a car flew by 20 miles over the speed limit. Hoffman turned around to pursue and ticketed the driver. But as he got back into his car, Hoffman noticed a beam of light bobbing and weaving at a distance of about a football field away in what seemed like the middle of nowhere. He drove toward the light, shining his car's spotlight into the darkness, and that's when he saw it: a big black dog holding a flashlight in his mouth like a bone, and behind that, a yellow dog lying across a man's chest.

Hoffman expected to find a corpse and radioed for an ambulance. When he got close on foot, Butch and Dusty each let out a low growl. But Hoffman, a lifelong animal lover, knew just how to speak their language. "It's okay, guys. I'm not here to hurt you or him–I'm here to help," he said.

The dogs seemed reassured but cautious; they backed up and sat down, watching from a few feet away, their dark eyes darting between Burns and Hoffman. The sheriff's deputy reached down to check Burns and noticed the diabetic medical bracelet on his wrist. He took his vital signs–unconscious, no pulse and not visibly breathing. But despite the frigid weather, he was still warm to the touch. Dusty's lying across Burns's chest had apparently warded off the worst of the night's chill.

Hoffman knew he had to work fast and began performing CPR. Burns remained unconscious but almost immediately began breathing on his own. "I could see the relief in the dogs' faces," Hoffman said later. "You could see they were both happier, almost like they were smiling, now that somebody was there to help."

In about 10 minutes the ambulance arrived. Butch and Dusty followed Burns's gurney through the field to the ambulance, where they met Pam, whom police had tracked down through Burns's driver's license, which had been in his wallet. "I was shaking and I had to practically drag the dogs to the car–they just did not want to leave Bill's side," Pam said. She quickly dropped the dogs off at home before meeting her husband at the hospital.

Burns emerged from his semicoma state the next afternoon. Hoffman visited and was the first to tell him that his dogs had saved his life. The Burnses just couldn't believe what their dogs had done. They knew Butch and Dusty loved them but they had never thought their country farm animals could perform this type of rescue operation. "I hear stories about dogs saving people, but you never think your own dogs could do that," Pam said.

After four nights in the hospital, Burns, his medication adjusted, headed for home. As soon as he walked through the door, Butch made a commotion of panting and sniffing, but Dusty slowly walked over to Burns as he sat down. She put her head against his leg and started wailing and whimpering. That's what got to Burns. He started crying, too, so thankful that the love he shows his dogs every day was returned on the one day when he truly needed them.

Burns is still trying to figure out how Butch and Dusty knew what to do. He has put a flashlight in front of Butch several times, hoping to see the dog play with it like a toy, which would explain what Butch did that night in the field, but not once has Butch so much as sniffed at it.

Maternal Dusty doesn't let Burns out of her sight. He wonders if it's because as she lay on top of his chest that fateful night, she felt his heart stop and thought he was gone for good. So now every night as Burns climbs into bed, Dusty runs in to check on him. She comes close to his side of the bed and looks him over before she goes to sleep.

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Shown model: Cheryl Tiegs

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The only similarity between his [illegible] your name at the top.

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I need some space – Tell him you need some "me" time. That's why you're moving to Alaska.

You deserve better – Tell him he's simply too good of a plumber for you. Try to do it without laughing. Then call Mr. Rooter.

Mr. Rooter PLUMBING

 by CYNTHIA HANSON





"We Became Parents—And Stopped Having Sex"

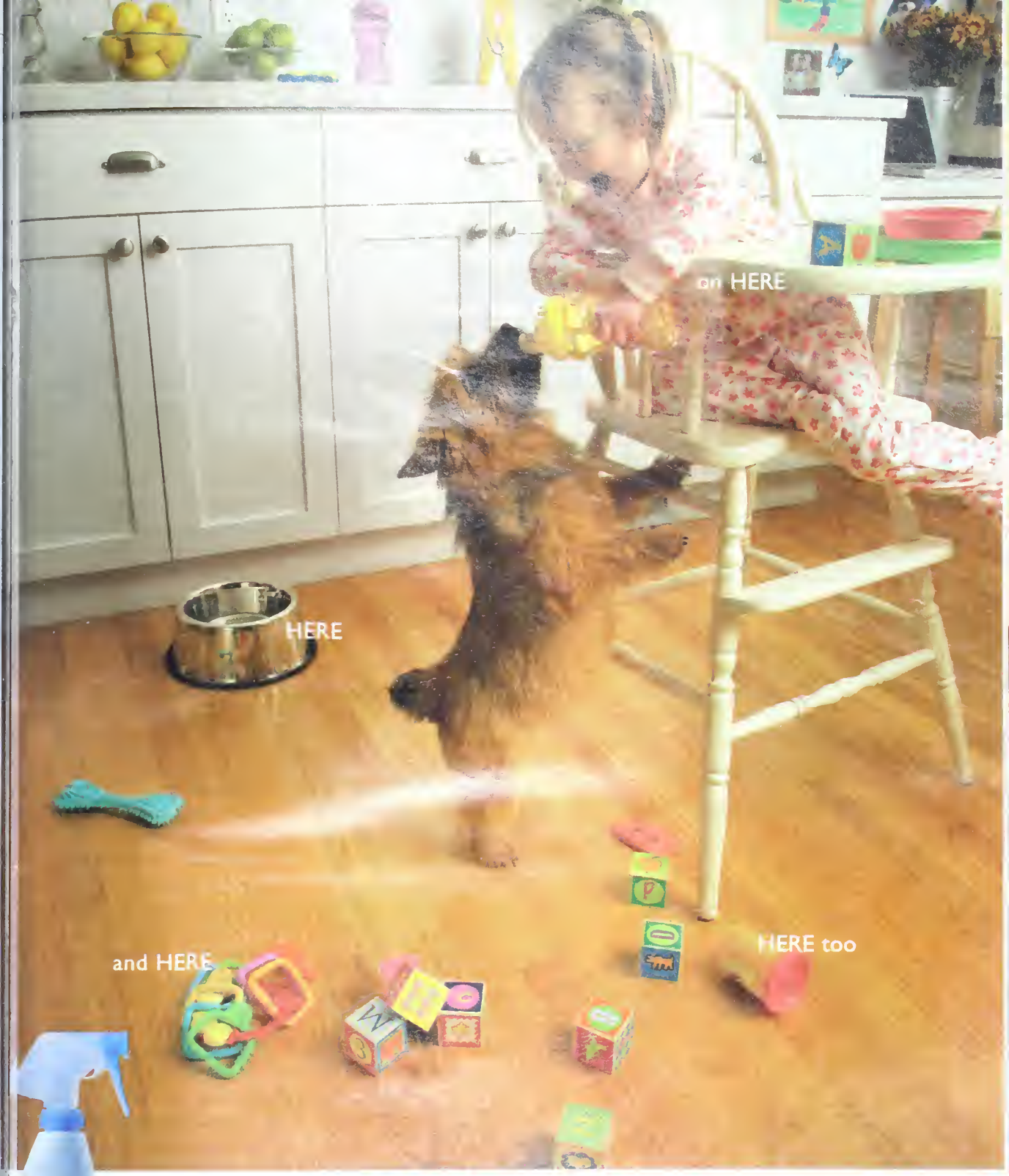
"Rick and I knew our lives would change when we had a baby," said Beth, 37, who lives in southeastern Virginia with her husband of nine years and their 2-year-old son, Alex, "but we had no idea how much. We're so preoccupied with Alex's care that we have no time for each other. By the time Alex goes to sleep—around 9:30—we're too exhausted to do anything except watch TV.

"We also argue constantly. Rick and I have different ideas about child care, but instead of compromising, we've become adversaries. Sex and money are other sore spots. We've always been a little out of sync in bed—I prefer sex about once a week, while Rick wants it more often. But these days I'm almost never up for it. If I tell Rick that I'm exhausted or not in the mood, he complains that I'm not 'meeting his needs.' This attitude infuriates me: Is it any wonder we haven't made love in months?

"As for money, we live on Rick's salary as an information technology specialist because I quit my job to stay home with Alex. Rick thinks I spend too much and goes ballistic when the bills arrive. He's especially angry that I order takeout a lot, but at the end of a long day I don't have the energy to cook.

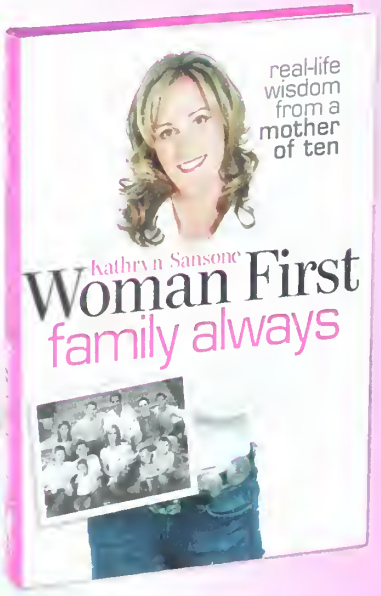
"Unfortunately, our differences escalate into big blowups, with Rick swearing at me, belittling me and calling me 'stupid.' He stomps off to his computer to calm down, while I sob in our bedroom. I'm constantly tense, never knowing what CONTINUED

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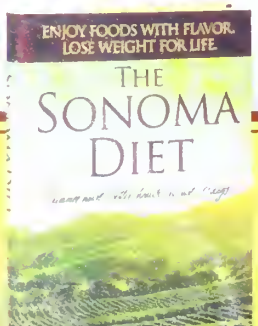
Insights from Kathryn Sansone, mother of 10, will change the way you look at:

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will set him off. And I feel guilt at the terrible example we're se ting for Alex.

"I was the third child of a fi chief and a secretary. I was clos to my late father, an easygoin man, but I fought with Mom, control freak who ruled with th phrase 'because I said so.' I'v longed for Mom's approval m whole life, but she never believe in me as she did my brother When I wanted to study musi at a four-year college, in order t become an elementary schoo music teacher, Mom said I wasn smart enough. So I went to com munity college and became secretary.

"When I was 20 my bes friend set me up on a blind dat with her 22-year-old cousin, handsome police officer. It wa love at first sight and within si months we were married. Two years later it was over. We drift ed apart before we even really connected.

"At 26 I met Rick, then 25 through a singles Bible-study group at church. I was instantly drawn to him—he's tall and mus cular, with sandy hair and brown eyes. We struck up a conversa tion one night after class, and invited him for coffee at a nearby diner. We had a lot in common besides our faith: We were both raised by difficult mothers; we' both married too young and di vorced early; we both liked mu sic, sailing and gardening. We realized within weeks that we wanted to spend the rest of our lives together. But given our past experience, we didn't want to rush, so we dated for 18 months.

"Our early marriage was peaceful and fun-filled. We both

iked our jobs and earned enough to buy a house. During the summer we sailed Chesapeake Bay and hosted cookouts. We had some arguments about sex, but they never escalated the way they do now.

"We were ecstatic when Alex was born and I figured that raising a baby with Rick would strengthen our bond. But we slipped into our Mommy and Daddy roles almost immediately, focusing our attention exclusively on Alex and forgetting that we were a couple. Then we started fighting about Alex's care. Rick still questions my judgment, despite the fact that I'm with Alex all day long and I know what works best in terms of naps, feeding and discipline. For example, Alex is most comfortable in a somewhat loose diaper. I've shown Rick how to put it on, but he usually fastens it too tight, sometimes leaving red marks on Alex's legs. When I check to see whether he's done it correctly, Rick screams at me for second-guessing him. Recently, Alex has started biting if he doesn't get his way. I give him a warning, and if he doesn't stop, I give him a timeout. Rick thinks a gentle spanking is the answer. He hasn't hit Alex yet, but I fear he will someday, because his mother spanked him often when he was a child.

"My friends don't have kids and can't relate to what I'm going through. My mom is no help, either, even though she calls every day and often drops by unannounced. She criticizes my parenting skills, which upsets me, so Rick has been badgering me to limit our contact. But I feel I need to keep her in the loop.

"Last week a fight about dinner escalated into a bigger one about sex. Rick called me a 'moron,' punched a wall and threw a book. Fearing for our safety, I took Alex and spent the night at my brother's. When I returned home the next day, I told Rick I still loved him but was miserably unhappy. 'I miss the closeness we had before Alex was born,' I said, sobbing, 'and I want it back.'"

HIS STORY "I realize that it's never okay to punch a wall and throw a book," said Rick, 36, his voice heavy with remorse. "and I've apologized repeatedly. I'm not sure what came over me, but my outburst was probably the result of two years of frustration. Beth isn't the only one who's unhappy.

"I've accepted that we'll never have sex as often as I'd like, but I won't apologize for being attracted to my wife and having sexual needs. I feel disappointed and undesirable every time she rejects my overtures.

"I'm also under a lot of stress as the main breadwinner. Beth stopped working, which I supported, but her spending habits haven't changed. She refuses to [illegible] diapers [illegible] shampoo and she constantly relies on take-out food. I'd rather eat sandwiches if she's too tired to cook.

"My mother-in-law is another problem. She upsets Beth constantly; frankly, the less they talk, the better off we are. But when I urge Beth to limit their contact, she says I don't 'understand.' Here's what I do understand: We're headed for divorce if we don't stop fighting. The tension in our house is so bad now that Beth and I avoid each other most of the time. Is that any way to live?

"My childhood was horrible. My dad was a merchant marine who was at sea most of the time, so parenting was left mainly to my mom, who lacked the temperament to nurture a plant let alone three kids. If I brought home a less than perfect report card, she berated [illegible] CONTINUED

Before you take your TOPROL-XL, make sure you're taking TOPROL-XL.

These days, there are so many medications with similar names, it could be easy to mistake one for another. So it's important that you take steps to ensure that the medicine you're prescribed is the medicine you receive.

Be certain you and your pharmacist know exactly what your doctor has prescribed for you. Check the label on the bottle and the pills inside before leaving the pharmacy. For TOPROL-XL, compare your pills to the ones below. If they don't match, talk to your pharmacist right away.



Thank you. Your health and safety are important to us. Please see the adjacent page for a brief summary of the full Prescribing Information regarding abrupt cessation of therapy. And visit our Web site at www.TOPROL-XL.com or call 1-800-236-9933.

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TAKE IT. SERIOUSLY.

TOPROL-XL
(metoprolol succinate)
extended-release tablets

AstraZeneca

Please read this summary carefully and then ask your doctor about TOPROL-XL. Do not stop treatment without first talking with your doctor. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

ONCE-A-DAY

TOPROL-XL®

(metoprolol succinate) extended-release tablets 25 mg 50 mg 100 mg 200 mg

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE

Hypertension: TOPROL-XL is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents. **Angina Pectoris:** TOPROL-XL is indicated in the long-term treatment of angina pectoris. **Heart Failure:** TOPROL-XL is indicated for the treatment of stable, symptomatic NYHA Class II or III heart failure of ischemic, hypertensive or cardiomyopathic origin. It was studied in patients already receiving ACE inhibitors, diuretics and in the majority of cases, digitalis. In this population TOPROL-XL decreased the rate of mortality plus hospitalization, largely through a reduction in cardiovascular mortality and hospitalizations for heart failure.

CONTRAINDICATIONS

TOPROL-XL is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless a permanent pacemaker is in place); see WARNINGS, and in patients who are hypersensitive to any component of this product.

WARNINGS

Ischemic Heart Disease: Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and in some cases myocardial infarction have occurred. When discontinuing chronically administered TOPROL-XL, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1–2 weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, TOPROL-XL administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Patients should be warned against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue TOPROL-XL therapy abruptly even in patients treated only for hypertension.

Bronchospastic Diseases. PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL, NOT RECEIVE BETA-BLOCKERS. Because of its relative beta$_1$-selectivity however, TOPROL-XL may be used with caution in patients with bronchospastic disease who do not respond to, or cannot tolerate, other antihypertensive treatment. Since beta$_1$-selectivity is not absolute, a beta$_2$-stimulating agent should be administered concomitantly, and the lowest possible dose of TOPROL XL should be used (see DOSAGE AND ADMINISTRATION). ***Major Surgery:*** The necessity or desirability of withdrawing beta-blocking therapy prior to major surgery is controversial. The impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures. TOPROL XL, like other beta-blockers, is a competitive inhibitor of beta-receptor agonists, and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Difficulty in restarting and maintaining the heart beat has also been reported with beta-blockers. ***Diabetes and Hypoglycemia:*** TOPROL XL should be used with caution in diabetic patients if a beta-blocking agent is required. Beta-blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. ***Thyrotoxicosis:*** Beta-adrenergic blockade may mask certain clinical signs (eg, tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-blockade, which might precipitate a thyroid storm. ***Peripheral Vascular Disease.*** Beta-blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in such individuals. ***Calcium Channel Blockers:*** Because of significant inotropic and chronotropic effects in patients treated with beta-blockers and calcium channel blockers of the verapamil and diltiazem type, caution should be exercised in patients treated with these agents concomitantly.

PRECAUTIONS

General: TOPROL-XL should be used with caution in patients with impaired hepatic function. In patients with pheochromocytoma an alpha-blocking agent should be initiated prior to the use of any beta-blocking agent. Worsening cardiac failure may occur during up-titration of TOPROL XL. If such symptoms occur, diuretics should be increased and the dose of TOPROL-XL should not be advanced until clinical stability is restored (see DOSAGE AND ADMINISTRATION). It may be necessary to lower the dose of TOPROL XL or temporarily discontinue it. Such episodes do not preclude subsequent successful titration of TOPROL XL. **Information for Patients:** Patients should be advised to take TOPROL XL regularly and continuously as directed, preferably with or immediately following meals. If a dose should be missed, the patient should take only the next scheduled dose (without doubling it). Patients should not interrupt or discontinue TOPROL XL without consulting the physician. Patients should be advised (1) to avoid operating automobiles and machinery or engaging in other tasks requiring alertness until the patient's response to therapy with TOPROL-XL has been determined, (2) to contact the physician if any difficulty in breathing occurs, (3) to inform the physician, dentist before any type of surgery that he or she is taking TOPROL XL. Heart failure patients should be advised to consult their physician if they experience signs or symptoms of worsening heart failure such as weight gain or increasing shortness of breath. **Laboratory Tests:** Clinical laboratory findings may include elevated levels of serum transaminase, alkaline phosphatase, and lactate dehydrogenase. **Drug Interactions:** Catecholamine depleting drugs (eg, reserpine, monoamine oxidase (MAO) inhibitors) may have an additive effect when given with beta-blocking agents. Patients treated with TOPROL XL plus a catecholamine depletor should therefore be closely observed for evidence of hypotension or marked bradycardia, which may produce vertigo, syncope or postural hypotension. Drugs that inhibit CYP2D6 such as quinidine, fluoxetine, paroxetine, and propafenone are likely to increase metoprolol concentration. In healthy subjects with CYP2D6 extensive metabolizer phenotype, coadministration of quinidine 100 mg and immediate release metoprolol 200 mg tripled the concentration of S-metoprolol and doubled the metoprolol elimination half-life. In four patients with cardiovascular disease, coadministration of propafenone 150 mg t.i.d. with immediate release metoprolol 50 mg t.i.d. resulted in a four- to five-fold increases in the steady-state concentration of metoprolol. These increases in plasma concentration could decrease the cardioselectivity of metoprolol. Beta-blockers may exacerbate the rebound hypertension which can follow the withdrawal of clonidine. If the two drugs are coadministered, the beta blocker should be withdrawn several days before the gradual withdrawal of clonidine. If replacing clonidine by beta-blocker therapy, the introduction of beta-blockers should be delayed for several days after clonidine administration has stopped. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term studies in animals have been conducted to evaluate the carcinogenic potential of metoprolol tartrate. In 2-year studies in rats at three oral dosage levels of up to 800 mg/kg/day (41 times, on a mg/m^2 basis, the daily dose of 200 mg for a 60-kg patient), there was no increase in the development of spontaneously occurring benign or malignant neoplasms of any type. The only histologic changes that appeared to be drug related were an increased incidence of generally mild local accumulation of foamy macrophages in pulmonary alveoli and a slight increase in biliary hyperplasia. In a 21-month study in Swiss albino mice at three oral dosage levels of up to 750 mg/kg/day (18 times, on a mg/m^2 basis, the daily dose of 200 mg for a 60-kg patient), benign lung tumors (small adenomas) occurred more frequently in female mice receiving the highest dose than in untreated control animals. There was no increase in malignant or total (benign plus malignant) lung tumors, nor in the overall incidence of tumors or malignant tumors. This 21-month study was repeated in CD-1 mice, and no statistically or biologically significant differences were observed between treated and control mice of either sex for any type of tumor. All genotoxicity tests performed on metoprolol tartrate (a dominant lethal study in mice, chromosome studies in somatic cells, a *Salmonella*/mammalian-microsome mutagenicity test, and a nucleus anomaly test in somatic interphase nuclei) and metoprolol succinate (a *Salmonella*/mammalian-microsome mutagenicity test) were negative. No evidence of impaired fertility due to metoprolol tartrate was observed in a study performed in rats at doses up to 22 times, on a mg/m^2 basis, the daily dose of 200 mg in a 60-kg patient. **Pregnancy Category C:** Metoprolol tartrate has been shown to increase post-implantation loss and decrease neonatal survival in rats at doses up to 22 times, on a mg/m^2 basis, the daily dose of 200 mg in a 60-kg patient. Distribution studies in mice confirm exposure of the fetus when metoprolol tartrate is administered to the pregnant animal. These studies have revealed no evidence of impaired fertility or teratogenicity. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** Metoprolol is excreted in breast milk in very small quantities. An infant consuming 1 liter of breast milk daily would receive a dose of less than 1 mg of the drug. Caution should be exercised when TOPROL-XL is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Clinical studies of TOPROL-XL in hypertension did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience in hypertensive patients has not identified differences in responses between elderly and younger patients. Of the 1 990 patients with heart failure randomized to TOPROL-XL in the MERIT-HF trial, 50% (990) were 65 years of age and older and 12% (238) were 75 years of age and older. There were no notable differences in efficacy or the rate of adverse events between older and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy. **Risk of Anaphylactic Reactions:** While taking beta-blockers, patients with a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated challenge, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reaction.

ADVERSE REACTIONS

Hypertension and Angina: Most adverse effects have been mild and transient. The following adverse reactions have been reported for immediate release metoprolol tartrate. *Central Nervous System:* Tiredness and dizziness have occurred in about 10 of 100 patients. Depression has been reported in about 5 of 100 patients. Mental confusion and short-term memory loss have been reported. Headache, somnolence, nightmares, and insomnia have also been reported. *Cardiovascular:* Shortness of breath and bradycardia have occurred in approximately 3 of 100 patients. Cold extremities, arterial insufficiency, usually of the Raynaud type, palpitations, congestive heart failure, peripheral edema, syncope, chest pain, and hypotension have been reported in about 1 of 100 patients (see CONTRAINDICATIONS, WARNINGS and PRECAUTIONS). *Respiratory:* Wheezing (bronchospasm) and dyspnea have been reported in about 1 of 100 patients (see WARNINGS). *Gastrointestinal:* Diarrhea has occurred in about 5 of 100 patients. Nausea, dry mouth, gastric pain, constipation, flatulence, digestive tract disorders, and heartburn have been reported in about 1 of 100 patients. *Hypersensitive Reactions:* Pruritus or rash have occurred in about 5 of 100 patients. Worsening of psoriasis has also been reported. *Miscellaneous:* Peyronie's disease has been reported in fewer than 1 of 100,000 patients. Musculoskeletal pain, blurred vision, decreased libido and tinnitus have also been reported. There have been rare reports of reversible alopecia, agranulocytosis and dry eyes. Discontinuation of the drug should be considered if any such reaction is not otherwise explicable. The oculomucocutaneous syndrome associated with the beta-blocker practolol has not been reported with metoprolol. **Potential Adverse Reactions:** In addition, there are a variety of adverse reactions not listed above which have been reported with other beta-adrenergic blocking agents and should be considered potential adverse reactions to TOPROL-XL. *Central Nervous System:* Reversible mental depression progressing to catatonia; an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium and decreased performance on neuropsychometrics. *Cardiovascular:* Intensification of AV block (see CONTRAINDICATIONS). *Hematologic:* Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura. *Hypersensitive Reactions:* Fever combined with aching and sore throat, laryngospasm and respiratory distress. **Heart Failure:** In the MERIT-HF study, serious adverse events and adverse events leading to discontinuation of study medication were systematically collected in the MERIT-HF study comparing TOPROL XL in daily doses up to 200 mg (mean dose 159 mg once-daily) (n=1990) to placebo (n=2001). 10.3% of TOPROL-XL patients discontinued for adverse events vs 12.2% of placebo patients. The table below lists adverse events in the MERIT-HF study that occurred at an incidence of equal to or greater than 1% in the TOPROL-XL group and greater than placebo by more than 0.5%, regardless of the assessment of causality.

Adverse Events Occurring in the MERIT-HF Study at an Incidence ≥1% in the TOPROL-XL Group and Greater Than Placebo by More Than 0.5%

	TOPROL-XL N=1990 % of patients	Placebo N=2001 % of patients
Dizziness/vertigo	1.8	1.0
Bradycardia	1.5	0.4
Accident and/or injury	1.4	0.8

Other adverse events with an incidence of > 1% on TOPROL-XL and as common as placebo (within 0.5%) included myocardial infarction, pneumonia, cerebrovascular disorder, chest pain, dyspnea/dyspnea aggravated, syncope, coronary artery disease, ventricular tachycardia/arrhythmia aggravated, hypotension, diabetes mellitus, diabetes mellitus aggravated, abdominal pain, and fatigue. **Post-Marketing Experience:** The following adverse reactions have been reported with TOPROL-XL in worldwide post-marketing use, regardless of causality. *Cardiovascular:* 2nd and 3rd degree heart block. *Gastrointestinal:* hepatitis, vomiting. *Hematologic:* thrombocytopenia. *Musculoskeletal:* arthralgia. *Nervous System/Psychiatric:* anxiety/nervousness, hallucinations, paresthesia. *Reproductive male:* impotence; *Skin:* increased sweating, photosensitivity, urticaria. *Special Sense Organs:* taste disturbances.

OVERDOSAGE

Acute Toxicity: There have been a few reports of overdosage with TOPROL-XL. No specific overdosage information was obtained with this drug, with the exception of animal toxicology data. However, since TOPROL-XL (metoprolol succinate) contains the same active moiety, metoprolol, as conventional metoprolol tablets (metoprolol tartrate salt), the recommendations on overdosage for metoprolol conventional tablets are applicable to TOPROL-XL. **Signs and Symptoms:** Overdosage with TOPROL-XL may lead to severe hypotension, sinus bradycardia, atrioventricular block, heart failure, cardiogenic shock, cardiac arrest, bronchospasm, impairment of consciousness/coma, nausea, vomiting, and cyanosis. **Treatment:** In general, patients with acute or recent myocardial infarction or congestive heart failure may be more hemodynamically unstable than other patients and should be treated accordingly. When possible the patient should be treated under intensive care conditions. On the basis of the pharmacologic actions of metoprolol, the following general measures should be employed: ***Elimination of the Drug:*** Gastric lavage should be performed. ***Bradycardia:*** Atropine should be administered. If there is no response to vagal blockade, isoproterenol should be administered cautiously. ***Hypotension:*** A vasopressor should be administered, eg, levarterenol or dopamine. ***Bronchospasm:*** A beta$_2$-stimulating agent and/or a theophylline derivative should be administered. ***Cardiac Failure:*** A digitalis glycoside and diuretics should be administered. In shock resulting from inadequate cardiac contractility, administration of dobutamine, isoproterenol, or glucagon may be considered.

DOSAGE AND ADMINISTRATION

TOPROL-XL is an extended release tablet intended for once daily administration for treatment of hypertension and angina, when switching from immediate release metoprolol to TOPROL-XL, the same total daily dose of TOPROL-XL should be used. Dosages of TOPROL-XL should be individualized and titration may be needed in some patients. TOPROL-XL tablets are scored and can be divided, however, the whole tablet should be swallowed whole and not chewed or crushed. **Hypertension:** The usual initial dosage is 25 to 100 mg daily in a single dose, whether used alone or added to a diuretic. The dosage may be increased at weekly (or longer) intervals until optimal blood pressure reduction is achieved. In general, the maximum effect of any dosage level will be apparent after 1 week of therapy. Dosages above 400 mg per day have not been studied. **Angina Pectoris:** The dosage of TOPROL-XL should be individualized. The usual initial dosage is 100 mg daily, given in a single dose. The dosage may be gradually increased at weekly intervals until optimum clinical response has been obtained or there is a pronounced slowing of the heart rate. Dosages above 400 mg per day have not been studied. If treatment is to be discontinued, the dosage should be reduced gradually over a period of 1–2 weeks (see WARNINGS). **Heart Failure:** Dosage must be individualized and closely monitored during up-titration. Prior to initiation of TOPROL XL, the dosing of diuretics, ACE inhibitors, and digitalis (if used) should be stabilized. The recommended starting dose of TOPROL-XL is 25 mg once daily for two weeks in patients with NYHA class II heart failure and 12.5 mg once daily in patients with more severe heart failure. The dose should then be doubled every two weeks to the highest dosage level tolerated by the patient or up to 200 mg of TOPROL-XL. If transient worsening of heart failure occurs, it may be treated with increased doses of diuretics, and it may also be necessary to lower the dose of TOPROL XL or temporarily discontinue it. The dose of TOPROL-XL should not be increased until symptoms of worsening heart failure have been stabilized. If difficulty with titration should not preclude later attempts to introduce TOPROL-XL. If heart failure patients experience symptomatic bradycardia, the dose of TOPROL-XL should be reduced.

HOW SUPPLIED

Tablets containing metoprolol succinate equivalent to the indicated weight of metoprolol tartrate USP are white, biconvex film-coated and scored:

Tablet	Shape	Engraving	Bottle of 100 NDC 0186-	Unit Dose Packages of 100 NDC 018
25 mg*	Oval	A fi	1088-05	1088-3
50 mg	Round	A mo	1090-05	1090-3
100 mg	Round	A ms	1092-05	1092-3
200 mg	Oval	A my	1094-05	N/A

*The 25-mg tablet is scored on both sides.

Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F). (See USP Controlled Room Temperature.)

NOTE. This summary provides important information about TOPROL-XL. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

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Manufactured for: AstraZeneca LP
Wilmington, DE 19850

By: AstraZeneca AB
S-151 85 Sodertalje, Sweden

Made in Sweden

30015-01
Rev 02/05 234770

AstraZeneca

me in front of my friends, saying, 'You've embarrassed me to tears.' Once, in junior high, I made a sarcastic comment as my mom was driving me and some neighborhood kids to school. She pulled over, yanked me out of the car and beat me as my friends watched. More than 20 years later I still remember the rage and humiliation I felt.

"She died of a heart attack when I was a sophomore in college. Later that year, I fell in love with a fellow student and got married. I was 20; she was 19. We lacked the maturity to weather the inevitable rough spots and no one was surprised when we divorced 14 months later.

"When I joined the weekly Bible-study group, I immediately noticed the gorgeous redhead across the room. But beyond Beth's appearance, I liked her wry sense of humor and insightful analysis of biblical passages. I was on the verge of asking her for a date when she suggested coffee. Within a few weeks we were in love.

"I was thrilled to become a father, and I've always tried to do my share of the child care. But Beth's nitpicking is maddening. She checks to see that I'm doing everything her way and corrects me if I'm not. Plus, she hovers when I feed or change Alex and insists on being the disciplinarian because she's worried I'll spank him. She makes me feel as though I can't do anything right. So I lash out.

"Still, for all our problems, Beth is the love of my life. I want Alex to grow up in a loving, happy, two-parent home and I'm willing to do whatever it takes to make that happen."

"I feel disappointed and hurt when Beth rejects my overtures. So I lash out."



The counselor's take "It's very common for first time parents to lose intimacy after their child's birth. Most couples, however, regain their footing once they've adjusted to their new roles—usually by the baby's first birthday. The fact that Beth and Rick were still drifting apart at the two-year mark suggested a deeper issue.

"After hearing about their upbringing, I knew they were locked in a power struggle. Both had low self-esteem, the result of being raised by highly critical mothers; both had an unconscious need to prove they were capable, knowledgeable and right. Our first step, then, was to examine how unresolved issues from their families of origin shaped their marital behavior. Many people unconsciously pick partners who re-create childhood feelings. Beth and Rick found in each other the very behaviors they loathed in their mothers. Beth felt emotionally threatened by Rick's criticisms and different parenting ideas but accepted his nasty remarks because that's what she'd learned to do with her mother. (When you come from a verbally abusive family, as she did, it can be hard to see your spouse as a verbal abuser. That's why Beth's anger was so much more focused on Rick's physical outbursts than on his name-calling.)

"Beth's insistence that she knew best regarding Alex's care stemmed from insecurity, not from maternal instinct or experience. Because her mother doubted her competence—she discouraged Beth from attending a four-year college and becoming a music teacher—it was vital for Beth to succeed at motherhood. For her that meant assuming the role of lead parent and making the big decisions.

"Rick's mother was also abusive, verbally *and* physically. Rick grew up believing that he could never please her—she scolded him for a B on his report card—and that he wasn't good enough. In Beth he found a woman who, when under stress, also became critical and made him question his own worth.

When self-esteem is high and a relationship is strong, a person can hear 'no' as 'no' and not as rejection. But when self-esteem is injured, it's hard not to personalize it. So when Beth didn't want to make love, Rick didn't hear her legitimate reasons; instead, he took it as a personal affront and projected his unresolved anger at his mother onto his wife. 'If Beth says she's tired or not in the mood, try simply to accept it at face value,' I urged him.

"Rick needed to be right about parenting for the same reason Beth did: insecurity. 'There is no right way to parent,' I said. 'Your constant questioning' CONTINUED

of each other has to stop. You need to come up with strategies together.' I did side with Beth's ideas on discipline. Spanking, I reminded the couple, teaches children that hitting is okay. I also mentioned that people who are hit as children tend to repeat that behavior as parents—an insight that resonated with Rick and turned him into an advocate of time-outs.

"The next step was to help Rick see the importance of better managing his anger. I asked him to write down 10 reasons why he yelled, called Beth names and used inappropriate language. His justifications ranged from 'She thinks she's always right' to 'she's spending money we don't have.' This writing assignment worked because Rick saw how inappropriately he'd used his anger. 'I've said things no husband should ever say to his wife,' he said. 'I gave her the bricks to build the wall between us.' Though his physical outburst was an isolated incident, it demonstrated a propensity for violence. I let him know that it was imperative for him to find other ways to release his anger. Accordingly, he joined a gym, where he lifts weights and plays basketball.

"I then asked Beth to write Rick a letter, calmly expressing her concerns about his communication style. Rick was to read it when she was not present and we would discuss his reaction at our next session. 'If you ever scream at me or call me names again,' Beth wrote, 'I will leave.' Reading this, Rick said, was an 'aha' moment for him. 'I knew Beth was upset,' he said, 'but she'd never expressed the depth of her anger before.'

"The letter method proved so effective that they decided to resolve future conflicts by writing their feelings in e-mail first and later discussing the problem in person. I then introduced Beth and Rick to a five-step process called 'Daily Temperature Reading.' First, the couple exchange a comment of appreciation, which helps to counteract the critical messages they'd been sending and receiving: 'I appreciate the wonderful meal you cooked.' Second, they provide new information about their schedules: 'I'll be home late tonight, so don't hold dinner.' Third, they ask a question about something that could spark an argument: 'I'm puzzled why the living room was such a mess when I came home.' Fourth, they present a specific complaint and request change: 'I don't like your leaving socks on the floor; please put them in the hamper.' Finally, they share a goal—the idea being that once a wish is expressed, the couple can make it happen: 'I hope we can find a babysitter for Saturday.'

"Beth and Rick started doing the Daily Temperature Reading for about 20 minutes every night after Alex was asleep. 'It has helped us communicate honestly and sincerely,' Rick said. As they drew emotionally closer, their sex life soon improved.

> "Rick saw that he needed to find healthier ways to release his anger"

"Beyond that, we also worked on solutions to daily stress. Once Rick articulated his anxieties about being the family's sole provider, Beth promised to stick to a budget. When Alex turned 3 and started preschool, she took a part-time job as an administrative assistant at a law firm. The additional income, combined with their cost-cutting measures, eased the couple's financial pressures.

"I also encouraged Beth to set boundaries with her mother. 'You don't have to cut your mother off completely,' I said, 'but when she's being critical, politely end the conversation.' Beth followed this advice, stopping her daily phone calls and telling her mother she must visit by invitation only. 'It was so empowering to finally stand up to her,' Beth marveled.

"Beth and Rick are relieved that they've broken their cycle of fighting and distancing. By changing their behaviors, they've regained the intimacy they'd lost. 'It would've been easy for us to give up on our marriage, but thank goodness we didn't,' Rick said. 'Beth and I have fallen in love all over again.'"



"Can This Marriage Be Saved?'" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Bonnie Gordon-Rabinowitz, L.C.S.W., an individual and marital therapist at the Psychotherapy Center, in Norfolk, Virginia. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?'" is a registered trademark of the Meredith Corporation.

For more marriage-saving advice, log on to www.lhj.com/canthismarriage

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Learn more about ARIMIDEX, or if you are without prescription coverage and can't afford medication, AstraZeneca may be able to help. Call or visit us online.

Please see brief summary of the full Prescribing Information on adjacent page.
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ARIMIDEX has been proven to be effective in reducing the risk of breast cancer recurrence.

Here's important news about ARIMIDEX that may affect postmenopausal women with hormone receptor-positive early breast cancer. The results from a 5-year clinical study show that ARIMIDEX, given as initial treatment after surgery, has been effective in reducing the risk of breast cancer recurrence for some women.

Important Information About ARIMIDEX. ARIMIDEX is approved for adjuvant treatment (treatment following surgery with or without radiation) of postmenopausal women with hormone receptor-positive early breast cancer.

Important Safety Information. Prescription ARIMIDEX is only for postmenopausal women. ARIMIDEX should not be taken if you are pregnant because it may harm your unborn child.

In the early breast cancer clinical trial, common side effects seen with ARIMIDEX include hot flashes, joint symptoms, weakness, mood changes, pain, sore throat, nausea and vomiting, depression, high blood pressure, osteoporosis, swelling of arms/legs, and headache. Fractures (including fractures of the spine, hip, and wrist) occurred more frequently with ARIMIDEX than with tamoxifen (10% vs 7%).

ARIMIDEX should not be taken with tamoxifen or estrogen-containing therapies.

For more information, talk to your doctor.

Get FREE Information Now. We'll send you more information about ARIMIDEX as well as other helpful facts you may need to know. In all, they can help you better communicate with your doctor when discussing treatment options.

Arimidex
anastrozole 1 mg tablets

AstraZeneca

ARIMIDEX (anastrozole) Tablets

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PROFESSIONAL INFORMATION BROCHURE)

INDICATIONS AND USAGE ARIMIDEX is indicated for adjuvant treatment of postmenopausal women with hormone receptor-positive early breast cancer. ARIMIDEX is indicated for the first-line treatment of postmenopausal women with hormone receptor-positive or hormone receptor unknown locally advanced or metastatic breast cancer. ARIMIDEX is indicated for the treatment of advanced breast cancer in postmenopausal women with disease progression following tamoxifen therapy. Patients with ER-negative disease and patients who did not respond to previous tamoxifen therapy are unlikely to respond to ARIMIDEX.

CONTRAINDICATIONS ARIMIDEX is contraindicated in patients who have shown a hypersensitivity reaction to the drug or to any of the excipients.

WARNINGS ARIMIDEX can cause fetal harm when administered to a pregnant woman. Anastrozole has been found to cross the placenta following oral administration to rats and rabbits. At 1 and 1.9 times the recommended human dose respectively on a mg/m² basis). Studies in rats at doses equal to or greater than 1 and 1.2 mg/kg/day (about 1 and 1.3 respectively the recommended human dose on a mg/m² basis) administered during the period of organogenesis showed that anastrozole increased pregnancy loss (increased pre- and/or post-implantation loss) and decreased number of live fetuses) effects were dose related in rats. Placental weights were also increased. Higher doses of 0.1 mg/kg/day or more caused a variety of fetal abnormalities, including delayed fetal development (i.e., incomplete ossification of various bones). Similar findings were observed in rats administered doses of 1 mg/kg/day (which produced plasma anastrozole C$_{ss}$ values that were 200 times the values found in postmenopausal volunteers at the recommended dose). Administration of anastrozole to pregnant rabbits at doses of 0.3 mg/kg/day or more (about 2 times the recommended human dose on a mg/m² basis) caused pregnancy failure at doses as low as 0.3 mg/kg/day. There is no adequate and well-controlled use of ARIMIDEX in pregnant women. However, anastrozole has been found to cross the placenta following oral administration to rats and rabbits. At 1 and 1.9 times the recommended human dose on a mg/m² basis, there was no evidence of teratogenicity in rats or rabbits. Anastrozole caused pregnancy failure at doses as low as 0.3 mg/kg/day in rabbits (about 2 times the recommended human dose on a mg/m² basis). There are no adequate and well-controlled studies in pregnant women using ARIMIDEX. ARIMIDEX should be used during pregnancy only if the patient becomes pregnant while receiving this drug. The patient should be apprised of the potential hazard to the fetus and the potential loss of the pregnancy.

PRECAUTIONS **General** ARIMIDEX is not recommended for use in premenopausal women as safety and efficacy has not been established (see **CLINICAL PHARMACOLOGY**). **Pharmacodynamics** **Effect on Estradiol** Before starting treatment with ARIMIDEX pregnancy must be excluded (see **WARNINGS**). ARIMIDEX should be administered under the supervision of a qualified physician experienced in the use of anticancer therapies. **Laboratory Tests** Results from the ATAC trial bone substudy at 12 and 24 months demonstrated that patients receiving ARIMIDEX had a mean increase in lumbar spine and total hip BMD compared to baseline. Patients receiving tamoxifen had a mean increase in lumbar spine BMD compared to baseline. Because ARIMIDEX lowers circulating estrogen levels, it may cause a reduction in bone mineral density. ARIMIDEX is reported to have an elevated serum cholesterol compared to patients receiving tamoxifen, 6.7% and 5.2%, respectively. **Drug Interactions** **CLINICAL PHARMACOLOGY** Anastrozole inhibited *in vitro* metabolic activities of human liver cytochrome P-450 (CYP) 1A2, 2C8/9, 2D6, 2C19 and 3A4 with similar high potencies. Anastrozole did not inhibit P450 2A6 or the glucuronidation pathway at clinically relevant concentrations. Anastrozole is not a substrate for, nor does it induce, the activity of phase I drug-metabolizing enzymes. Although there have been no formal drug interaction studies, the studies to date do not indicate that co-administration of a 1 mg dose of anastrozole with other drugs known to inhibit cytochrome P450-mediated metabolism of the other drugs. An interaction study with warfarin has been performed. Warfarin pharmacokinetics or anti-coagulant activity. At a median follow-up of 2 years, ARIMIDEX did not demonstrate any efficacy benefit when compared with tamoxifen in all patients with HR+ breast cancer. Therefore, ARIMIDEX is not appropriate for the treatment of patients who are receiving tamoxifen. The tamoxifen arm was discontinued from the trial. Based on clinical and pharmacokinetic data, concomitant administration of anastrozole see **CLINICAL PHARMACOLOGY – Drug Interactions** and **CLINICAL PHARMACOLOGY – Clinical Studies – Adjuvant Treatment of Breast Cancer in Postmenopausal Women** subsections). Coadministration of anastrozole with tamoxifen resulted in a 30% to 40% lower mean anastrozole concentration compared with those achieved with anastrozole alone. Estrogen-containing therapies should not be administered to patients receiving ARIMIDEX as they may diminish its pharmacological action. **Drug/Laboratory Test Interactions** No interactions have been observed. **Carcinogenesis** A conventional carcinogenesis study in rats at doses of 0.1, 0.5, 2.5 and 12.5 mg/kg/day (recommended human dose on a mg/m² basis) administered by oral gavage for 24 months revealed hepatocellular adenoma and carcinoma and uterine stromal polyps in females and thyroid follicular adenoma in males. Hepatocellular adenoma and carcinoma in the low dose group of females and uterine hyperplasia in females. At 0.1 mg/kg/day, the level exhibited in postmenopausal volunteers at the recommended dose of 1 mg/day, and at 0.243 times the daily maximum recommended human dose of 10 mg/day, adjusted for body surface area. Uterine benign stromal polyps, epithelial and granulosa cell tumors at all doses observed in female mice. These ovarian changes are considered to be of questionable significance to humans. The incidence of lymphosarcoma was increased at 12.5 mg/kg/day in female rats (approximately 35 to 40 times higher than the level exhibited in postmenopausal volunteers at the recommended dose). **Mutagenesis** ARIMIDEX has not been shown to be mutagenic *in vitro* tests (Ames and E. coli tests) or *in vivo* (micronucleus test in mice). Some chromosomal aberrations in human lymphocytes) or *in vivo* (micronucleus test in mice). **Impairment of Fertility** In a fertility study in female rats administered doses of 0.1, 0.5, 2.5 and 12.5 mg/kg/day, beginning 2 weeks before mating (approximately 0.1 times the recommended human dose on a mg/m² basis), the recommended human dose on a mg/m² basis) produced significant dose-related increases in pre-implantation loss (loss of ova or fetus was observed in volunteers at the recommended dose). Pre-implantation loss of ova or fetus was observed in volunteers at the recommended dose). Pre-implantation loss of ova or fetus was observed in volunteers at the recommended dose). Recovery of fertility was observed in rats one-third the recommended human dose on a mg/m² basis

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 by SHELLEY DALY

Across a Crowded Room

When it came to meeting the man of my dreams, it turned out my mother really did know best



Rick introduced Shelley to all things Texan

Let me preface my story by repeating some ludicrous advice my mother gave me when I was a little girl: "Someday you will see a man across the room and you'll know he's the one."

Well, I'd made it to my mid 30s without getting remotely close to finding "the one," let alone in a casual glance across the room. Instead, I spent too many years in relationships with the wrong men. Then, just before the millennium, a new job and a desire to be nearer to my sister prompted a move from Chicago to Houston. With all this "clean start" symbolism, I resolved never again to date any man who was not marriage material. This meant I went on very few first dates and even fewer second ones.

One night I joined a group of friends—all of them coupled, most of them ill matched—at a popular Houston restaurant. They were giving me grief about not dating. "You should just do it for the heck of it," they said.

"Why should I waste my time and their money if I know I'm not interested?" I responded. "If I meet a guy who's my type, I'll go."

They persisted. "Fine, what's your type?"

I had been watching a guy across the room (score one for Mom) who reminded me of my dad: big, well dressed and telling stories with his hands flailing the air, much to the delight of his dinner companions, all men in suits and presumably his business associates. I pointed. "Him," I told my friends. "I'd go out with him."

"Well, go introduce yourself," they urged.

I would do no such thing, I informed them.

"But what if you never see him again?" they asked.

"Then I'll meet someone else," I said, with impeccable logic. "I'm simply showing you my type."

My friends would have none of it. Taskmaster Emily suddenly strode across the room and tapped Mr. Right on the shoulder. "Are you gay?" she asked.

"*Uh*, no," he said, a bit warily.

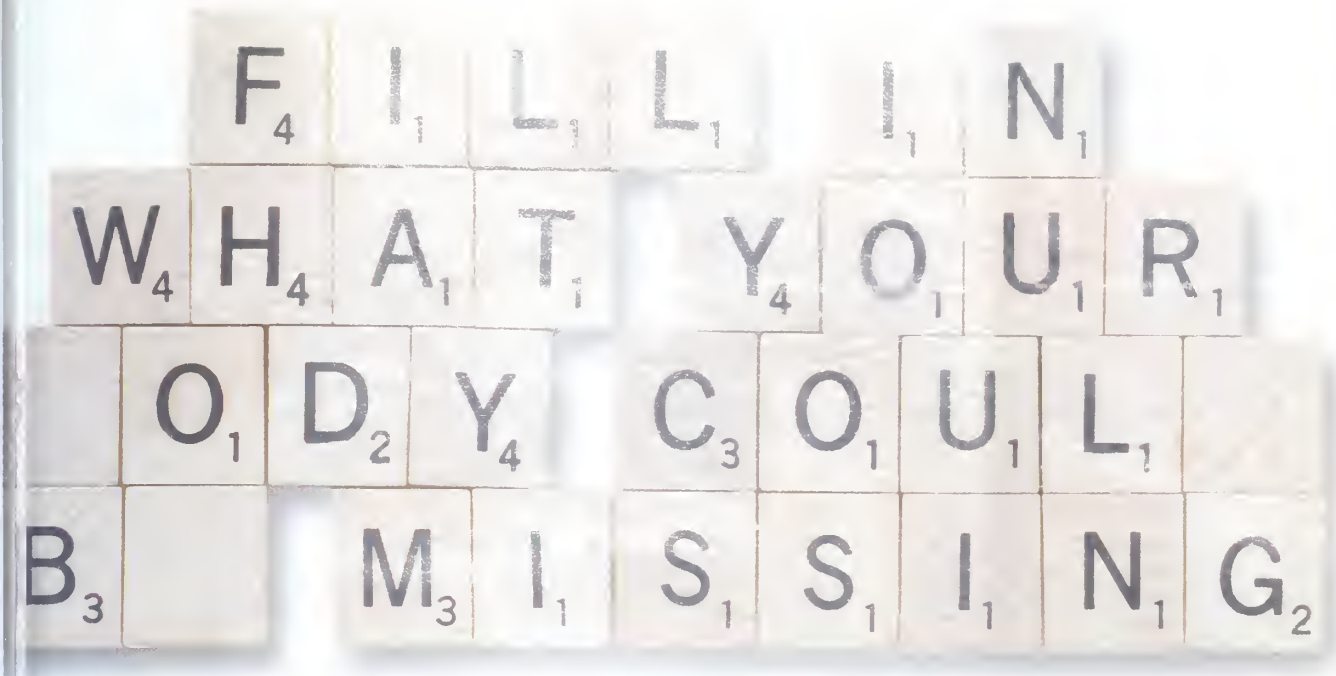
"Are you married?" Emily continued.

"No," he said, amused now.

"Good," she said. "That blonde over there"—pointing to me while my face turned red as a beet—"wants to meet you."

"Cool," he replied and walked straight to our table, pulled

CONTINUED





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Shelley and Rick Daly on their wedding day, June 21, 2003

up a spare chair and stuck out his hand. "Hi, I'm Rick."

We quickly discovered we had a lot in common. He was a partner at a large law firm, and I was a vice president at a large advertising agency. He had played football in college and, briefly, professionally. I had been a cheerleader in college and, briefly, for a pro basketball team. Something we didn't have in common was our size: Rick is 6-foot-5 and weighs 230 pounds; I'm 13 inches shorter and weigh exactly half that. After five minutes, my friends announced that they were leaving. "Can you take her home?" one of them asked Rick.

"*Noooooooo!*" I yelled, wondering what was wrong with these people. Thrusting my business card at him, I hurried out of the restaurant.

The subject line of my first e-mail the next morning read: "The Stud You Met at Vallone's." The body: "I enjoyed talking to you last night, but I wasn't finished." The electronic signature: "Richard Daly."

Unbelievable. I had moved 1,000 miles and picked out a guy with my former hometown's most famous name. "I love what you've done with the Windy City," I e-mailed back.

He asked about my weekend plans, and I invited him to join my friends and me for dinner. We went to a fancy-pants restaurant with entrées that sizewise would not even qualify as appetizers for this tall Texan. Rick was a great sport and kept us in stitches with his running commentary. But at 31, he was five years my junior and thus did not meet my inflexible husband criteria. Never mind that I was having the best date of my life. I told Rick I wasn't interested in pursuing a relationship.

After a week steeped in regret over my rash decision, I e-mailed a sheepish mea culpa. "Sometimes, you've just got to say, 'What the hell.'" I wrote.

"My friends are giving a party tonight," Rick wrote back, showing a spontaneity that I clearly lacked. "I'll pick you up at 7." When we walked into the packed room later that evening, Rick was greeted with gleeful shouts of "Big Bird" and "Ricky D!" My date proved to be a bon vivant and a conversationalist who could put Dale Carnegie to shame.

After that Rick and I talked on the phone daily and went out every Friday and Saturday night, as well as once during the week. I was determined to take it slow, both emotionally and physically (another part of the grand plan), and Rick not only accepted this but seemed to appreciate it. "You are the best person I know," he said after a dozen dates and no sleepovers. And, for the first time in my life, I thought the same thing about him.

Rick was also the consummate man's man and, as we spent more and more time together, my previously Palm-piloted life began to get a lot less predictable. Our Saturdays often began at 4 A.M. with him sailing his boat 60 miles southeast into the Gulf of Mexico. The first time he took me out, I puked off the stern as dolphins jumped at the bow. Eventually I got my sea legs and even started to bait my own hook. I also learned to dove hunt, although to this day I've never actually bagged one. I even tried my hand at Texas hold 'em poker but leaned too far back in my swivel chair, flipped over and put my head through the wall.

A year after I spotted him across the room, Rick proposed. Six months later, we were married. At our rehearsal dinner, Rick regaled the guests with the story of how we met—*his* version, which has me knocking over chairs, crawling over tables and body-slamming waiters to introduce myself.

We will soon celebrate our third wedding anniversary and are planning to have children—we already have a chocolate Labrador. My mom claims the pooch will trigger my maternal instincts and help me get pregnant.

But then what does she know?

How did you and your [illegible] meet? Share your story at www.lhj.com/howyoumet

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AFTER

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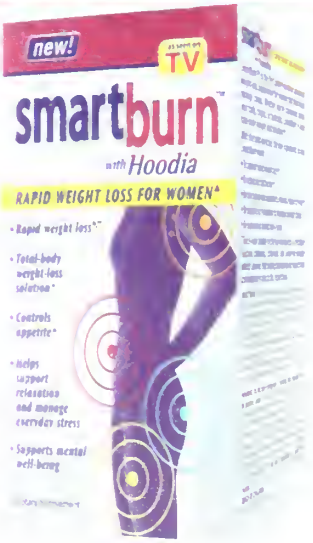
Dr. Jennifer R. Glover,
St. Luke's Medical Center Graduate, 1997



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Pants size	10	4	-6 sizes

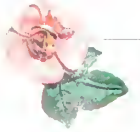
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Gretchan Pyne now believes things happen for a reason, even if they cause, at first, unbearable pain

LOSING LULU

By
BELLA ENGLISH

It was a dreary, drizzly day in March 2001, the time of year when New England turns from snow to mud. The landscape was sheathed in monochromatic gray, not a bloom or bud in sight. "What a rotten day," Gretchan Pyne remarked as she drove home from an errand. In the backseat of the car, 3-year-old Lulu had donned a pair of plastic rose-colored glasses her father had recently bought her.

"Mama, look!" she said. "The whole world looks pink! Try them on."

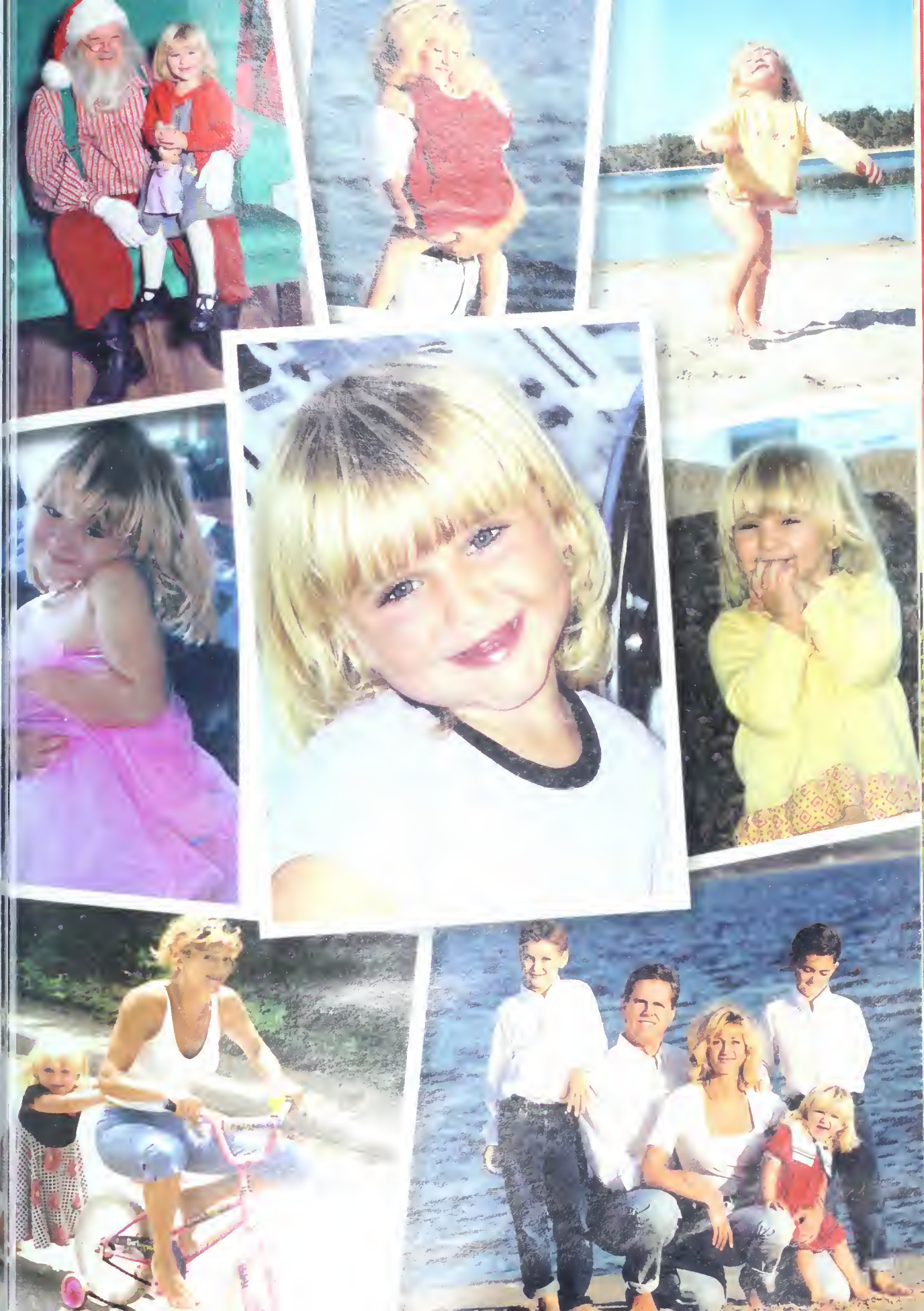
Gretchan, cranky, told her daughter she needed to focus on driving. Then she looked in the rearview mirror and saw Lulu's crestfallen little face.

When they pulled into the driveway, Gretchan took the glasses. "*Wow!*" she exclaimed. "The world really does look better! Lulu, can I have these?" she asked.

The girl shook her head. "No, you have to find your own."

That night, her mother wrote down the story in her journal. It was this simple yet profound message from a child that would end up, in a way, saving Gretchan Pyne's life.

A few months later, on July 14, 2001, the Pyne family packed up their car and headed for Truro, Massachusetts, a pristine stretch of sandy beach on Cape Cod National Seashore. As usual, Gretchan and Warren Pyne and their three children, Lulu, 4, and 9-year-old twins Dylon and Drew, were the first to arrive and the last to leave. They built "sand bathtubs," digging trenches and letting the ocean fill them with water. They played paddleball CONTINUED



and Frisbee, made sand castles and Boogie-boarded. Lulu noticed a little girl on a nearby blanket and asked her to play; she taught her new friend how to chew gum.

What Warren remembers of that outing was the rock. The Pynes had a tradition: Once the cooler was emptied of food and drink, it would be refilled with shells and rocks. As they were leaving the beach, Lulu, who had just turned 4, tagged behind, stopping here and there to collect one last treasure. Her father held the overflowing cooler in one hand, his daughter's small hand in his other.

"She picked up one about the size of a cantaloupe, and it was brown and in the shape of a heart," says Warren, 42. "I had to keep the cooler lid open to carry that one."

At the end of the day, the sea still in their hair, the Pynes stopped to get ice cream at Bob's Sub & Cone, in Wellfleet. It started to mist, creating a double rainbow. In the parking lot, Lulu licked her ice-cream cone and danced around while her father videotaped her. "I remember standing in line and looking at her and thinking, 'I'm never going to forget this moment,'" says Gretchan, 43. "She just looked so beautiful."

Gretchan went inside the shop to fetch her twins. As the three of them came out of the store, they saw Lulu step onto the base of a bicycle rack, the metal type that houses the front wheel of a bike, and strike what they call her "Vanna White pose," with one arm extended upward as if showcasing the rainbow. They saw the unanchored rack flip over on top of her, pinning her on the ground. They saw their father drop his camera and race over to her. As he knelt over her, she reached up and opened her mouth as if to scream, but no sound came out. "It looked as if she was reaching past me to the rainbow," says her father, who immediately pulled the rack off his daughter and began to administer CPR.

Lulu in July 2001, in her last moments



"I remember watching her and thinking, 'I'll never forget this moment, how beautiful she looks'"

Grief experts will tell you that there is no more searing loss than that of a young child. "It's the wrong chronology. It's not the way it should be," says Rabbi Earl A. Grollman, a grief counselor who has written numerous books on the topic. "It's the death of your future, the loss of innocence."

A family is an organic unit; when one part of it dies, the whole is threatened. As little as she was, Lulu filled a large space. What happens when an unthinkable tragedy strikes a family? How do the surviving members go on? What helps and what hurts in their journey back from the brink?

The Pynes' story began in Davenport, Iowa, in 1985. Every three weeks Warren Pyne would get his hair cut at the Phase III beauty salon. It was just a few blocks from the Palmer College of Chiropractic, where he was studying. The $8 cut suited his student budget, and the hairstylist suited his fancy.

He and Gretchan Russell dated for a year, and when it came time for Warren to graduate, they decided to come back East together. He had grown up in Brockton, a working-class town 25 miles south of Boston, and spent summers at his parents' cottage on Buzzards Bay, the gateway to Cape Cod.

The couple moved into that cottage while each established a practice: She opened her own beauty salon, he a chiropractic office. They married, in 1989, and the following year bought a raised ranch in Wareham that came with an additional lot that fronted the beach. They could see the water from their bay windows. For Gretchan, who never laid eyes on the ocean until she was 21, it was a piece of heaven. For Warren, it was a necessity.

In 1992, Gretchan gave birth to twin boys. With two businesses and two sons, the Pynes thought their family was complete. But on July 5, 1997, after 30 hours of labor, Olivia Lynn Pyne was CONTINUED



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born. The family nicknamed her Lulu because she shared a certain adorableness with Cindy-Lou Who, the blonde, doe-eyed girl in *How the Grinch Stole Christmas*.

The Pyne family was in perpetual motion, hiking, camping, boating, skiing. Every nice-weather weekend they would take their boat over to Cuttyhunk Island or Martha's Vineyard; in winter, it was skiing in Maine. When she was 3 Lulu broke her leg on the slopes. She wore her hot-pink cast like a badge of honor.

"We spent all of our time with our kids," says Warren. "And we still do. That's one regret we don't have."

Lulu loved to pick up starfish and crabs. She kissed frogs and chased dragonflies. "It was inconceivable to her that someone could be in a bad mood," says her mother. "She was happy all the time, and rightly so. We all adored her."

The 45 minute ambulance trip along the Cape's narrow, winding roads was the longest ride of Gretchan Pyne's life: she prayed, sang and talked to her daughter the entire time, while Warren and the boys followed in another car. But Lulu, who had no pulse, was unresponsive. When they arrived at Cape Cod Hospital, in Hyannis, Dr. Craig Cornwall labored over Lulu, inserting a tube to try to get her to breathe, as Gretchan held her limp hand. Although he knew at a glance it was hopeless, Dr. Cornwall spent nearly half an hour with Lulu in an effort to show Gretchan that he had tried everything possible to save her child. The father of three young girls of his own, it was, he would later recall, the most devastating night of his career.

By the time Warren arrived with Drew and Dylon, Dr. Cornwall had given up. Lulu's chest and trachea had been crushed by the bike rack; she had died almost instantly. An autopsy would later show that her heart muscle had been severed. In a terrible irony, the happy-go-lucky girl, the darling of the family, had literally died of a broken heart. She was 4 years old, and there was still mint chocolate-chip ice cream on her lips.

Warren Pyne could not, would not, accept it. Hadn't his little girl been dancing in the parking lot of Bob's Sub & Cone, in Wellfleet, only an hour earlier? In the hospital he remained with her body for hours, until Dr. Cornwall gently told him it was time to say good-bye. The doctor gave the couple something to help them sleep. He also gave them some advice. "The only thing I can tell you is that you just have to continue to do what you do. Whatever it is you do, go home and do it. Don't get so obsessed with your loss that you give up your life."

When the sun came up, Warren gathered some of Lulu's stuffed animals and took them to the morgue. Workers took the toys, but would not allow him inside, so he spent the morning in the parking lot, the closest he could get. It didn't feel right that his little girl should be alone. Gretchan was home with the boys, who were in shock, too. Drew, the quieter twin, told a family friend that the double rainbow that appeared before Lulu died was God welcoming her into heaven. Dylon wrote in a school essay that "her purpose in life was to make people that were mean turn kind."

Lulu's message of hope is now shared in a book



After Lulu died, the days passed in numb agony. To cope, her parents decided to create a living memorial

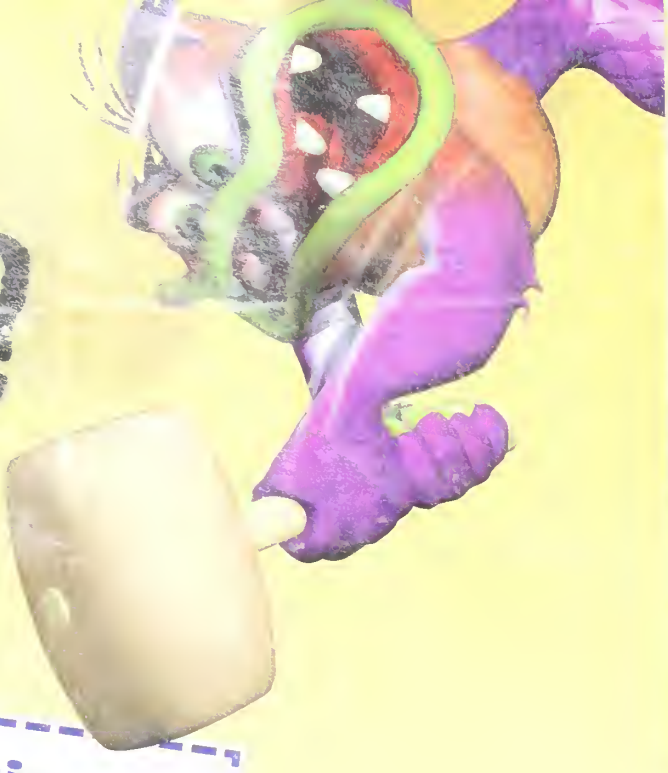
Right after Lulu died, her mother found her rose-colored glasses. They now sit on a windowsill in her bedroom. "I don't wash them," Gretchan says, "because her fingerprints are on them."

In the days that followed the funeral, which passed in a kind of numb agony, Gretchan would go down to the beach, watch the sun rise and write about her daughter. One morning it came to her: Their beach lot would become a memorial garden. Warren found her out there digging furiously and joined her. For two weeks, in 90-degree weather, they worked day and night. Finally, Lulu's Rainbow Garden was finished. A sign at the entrance reads, "ANGELS AND BUTTERFLIES WELCOME."

In those first months, the parents found it difficult to eat or sleep. They were, says Gretchan, "like the walking CONTINUED

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When you have headaches, do you have:

Pain

Moderate to severe pain?	Never	Sometimes	Always
Pulsating or throbbing pain?	Never	Sometimes	Always
Worse pain on one side?	Never	Sometimes	Always
Worse pain when you move?	Never	Sometimes	Always

Symptoms

Nausea or vomiting?	Never	Sometimes	Always
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Patient Information about IMITREX Tablets for migraine headaches
Generic name: sumatriptan succinate
Please read this summary of information about IMITREX before you talk to your doctor or start using IMITREX. No summary can take the place of a careful discussion between you and your doctor. Only your doctor has the medical training and the complete prescribing information necessary to determine if this medicine is right for you. Once you read this summary, you should discuss with your doctor whether IMITREX is appropriate treatment for you and ask any questions you may have.

WHAT IS IMITREX?
IMITREX is the brand name of sumatriptan, a drug intended to relieve your migraine headaches but not to prevent or reduce the number of migraine headaches you experience. IMITREX should be used only to treat an actual migraine attack. IMITREX can be obtained only with a doctor's prescription and should be used by adults only after discussing the choice with your doctor, taking into account your individual preferences and medical circumstances.

HOW DOES IMITREX WORK?
How IMITREX works is not completely understood. IMITREX is a 5-HT_1 agonist that seems to relieve migraine headaches by acting like a brain chemical called serotonin. Migraine headaches by acting like a brain chemical called serotonin, causing some blood vessels in the head that are swollen during a migraine to constrict (that is, to become smaller), which helps relieve migraine headache.

IMPORTANT SAFETY CONSIDERATIONS
Although the vast majority of patients who have taken IMITREX have not experienced any significant side effects, some patients have experienced serious heart problems and, rarely, considering the extensiveness of IMITREX use worldwide, deaths have been reported. In all but a few instances, however, serious problems occurred in patients with known heart disease and it was not clear whether IMITREX was a contributing factor in these deaths. Serious events relating to the blood vessels in the head (eg, brain hemorrhage, stroke) have been reported in patients who were taking IMITREX. Some of these have resulted in death; however, the relationship of IMITREX to these events is uncertain. In a number of these cases it appears possible that patients were not experiencing a migraine but rather an event due to blood vessel disease in the head. IMITREX was given in the incorrect belief that the person may have been suffering a migraine. Therefore, you should not take IMITREX if the headache you are experiencing is different from your usual migraine attacks. People who suffer from migraines may be at increased risk of certain blood vessel events in the brain (eg, hemorrhage, stroke, or transient ischemic attack).
Ask your doctor about these and additional safety considerations.

WHO SHOULD NOT TAKE IMITREX?
Some types of migraine headaches should not be treated with IMITREX and some patients should not take IMITREX because of an increased risk of serious side effects.

- If you have had a heart attack, stroke, transient ischemic attacks, peripheral vascular disease (including ischemic bowel disease or Raynaud syndrome), or any sort of heart disease or symptoms that are associated with constriction of blood vessels, such as ischemic heart disease, angina, or coronary artery vasospasm, you should not use IMITREX.
- If you have uncontrolled high blood pressure, you should not use IMITREX.
- If you are taking certain drugs for depression, talk with your doctor. IMITREX should not be used if you take or have taken within the last 2 weeks monoamine oxidase inhibitors (MAOIs).
- Your doctor will discuss with you the type of migraine headaches you have. If you have hemiplegic or basilar migraine, you should not take IMITREX. IMITREX should be used only in patients who have been diagnosed by a physician as having migraine with or without aura.
- Tell your doctor about any other medicines you are taking. If you are currently taking any migraine medicines that include ergot alkaloids such as methysergide or dihydroergotamine or other 5-HT_1 agonists, do not take IMITREX within 24 hours of taking these medicines.
- Do not take IMITREX if you are allergic to sumatriptan or any of the ingredients in IMITREX.
- If you have severe liver disease, you should not use IMITREX.

WHAT MEDICAL PROBLEMS OR CONDITIONS SHOULD I DISCUSS WITH MY DOCTOR?

- If you have risk factors for heart problems, you should tell your doctor. Your doctor should examine you for heart disease to see whether IMITREX is appropriate for you. Risk factors include: high blood pressure, high cholesterol, obesity, diabetes, and smoking. Other patients with risk factors for heart disease are women who are past menopause (whether natural menopause or menopause resulting from surgery), men over 40 years old, or patients with a family history of heart disease. If you have risk factors and your evaluation for heart disease is satisfactory, your doctor may ask you to take the first dose of IMITREX in the doctor's office.
- Tell your doctor if you have chest pains, shortness of breath, or irregular heartbeats.
- Tell your doctor if you are taking selective serotonin reuptake inhibitors (SSRIs).
- Tell your doctor if you have a history of epilepsy or seizures.
- Tell your doctor if you have liver or kidney problems.
- Tell your doctor if you have ever had to stop taking any medicine because of an allergy or other problems.

USE OF IMITREX DURING PREGNANCY AND BREAST-FEEDING
Do not take IMITREX if you are pregnant, think you may be pregnant, are trying to become pregnant, are not using adequate birth control methods, or are breast-feeding unless you have discussed this with your doctor.

HOW TO USE IMITREX TABLETS
For adults, the usual dose is a single tablet swallowed whole with fluids. Do not split tablets. A second tablet may be taken if your symptoms of migraine come back or if you have partial response to the first dose, ***but no sooner than 2 hours after taking the first tablet.*** For a given attack, if you have no response to the first tablet, do not take a second tablet without first consulting with your doctor. Do not take more than a total of 200 mg of IMITREX Tablets in any 24-hour period.

The safety of treating an average of more than four headaches in a 30-day period has not been established.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF USING IMITREX?
Do not rely on this summary alone for information about side effects. Your doctor can discuss with you a more complete list of side effects that may be relevant to you. The most frequently seen side effects are tingling and warm/cold sensations with IMITREX Tablets.

- Some patients feel pain or tightness in the chest or throat when using IMITREX. If this happens to you, discuss it with your doctor before using any more IMITREX. If the pain is severe or does not go away, call your doctor immediately.
- If you have sudden or severe abdominal pain after taking IMITREX, call your doctor immediately.
- Sometimes chest, throat, neck pain, heart-type pain, tightness, feeling in the eyelids, face, or jaw, or rash, skin lesions, or hives happen rarely but if they happen to you, call your doctor immediately. Do not take any more IMITREX unless your doctor tells you to.
- Some patients have reported tingling, heat, flushing, redness of the face, feeling, a short-lived, transient, or a feeling of pressure after taking IMITREX. A few patients have also had dizzy, tired, sick. Tell your doctor about these effects at your next visit.
- If you feel unwell in any other way, or have any doubt that you do not understand after taking IMITREX, tell your doctor immediately.

WHAT SHOULD I DO IF I TAKE AN OVERDOSE?
If you have taken more IMITREX than you have been told, contact either your doctor, a hospital emergency department, or the nearest poison control center immediately.

HOW SHOULD I STORE IMITREX?
Keep out of reach of children. IMITREX may be harmful to children. Do not remove tablets from package until you are ready to use them; do not store in any other container. Store between 36°F and 86°F. Do not use after expiration date on package.

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dead." Once she lost her keys but found them later in the refrigerator. While the boys were at school she'd curl up on Lulu's floor, in a ball, for hours, not even able to move. For weeks Warren would go to the cemetery at night, lie down on Lulu's grave and pray she'd somehow return. There were other times when he was so overcome with grief that he couldn't move, even to get out of a chair. He sold his beloved boat; it was too powerful a reminder of Lulu.

The Pynes had three years to file a lawsuit against Bob's Sub & Cone, which they did shortly before the deadline, in July 2004. There are no industry-wide safety standards regarding bike rack stability. A spokeswoman for one California company, Creative Pipe, in Palm Desert, said their bike racks are manufactured with drilled holes so that they can be either bolted down or staked in the ground, but it's the user's responsibility to do so, and no local code requires this. A lawyer for Bob's Sub & Cone declined comment, citing the ongoing lawsuit.

After Lulu's death, the Pynes did all the things the books say to do. They went for grief counseling. Warren and Gretchan joined a bereavement group but did not find comfort in other people's pain. The boys had their own group. Gretchan briefly tried an antidepressant but found it made her groggy. Acupuncture helped. She saw a spiritual counselor, who, she said, helped her come to believe that Lulu's "energy, her presence, her spirit is still alive."

Warren, a fitness buff, began

working out maniacally. His counselor told him to focus his pain and anger as he was lifting weights, and then release it. Once a stranger at the gym remarked, "You're working out so intensely, are you trying to kill yourself?"

But the couple had two good reasons for getting out of bed each morning: Drew and Dylon. Though the boys don't talk about Lulu's death, they do like to talk about Lulu, about how they would push her on her Big Wheel or their skateboards. About her love of Cheetos and how she ate Parmesan cheese by the handful. About how she'd dress up in a tutu and grab their plastic gun: The warrior princess, they called her.

Though each boy wants his own bedroom, they would not dream of taking over Lulu's, the only other one in the house. Her sheets have not been changed since she left that day for the beach; her pajamas are tucked under the pillow. "I can still smell her on them," says Gretchan, holding the flannel nightgown to her nose. "When she had a fever, she smelled like burnt cotton candy."

Three years ago Gretchan moved a desk into Lulu's room and it is now command central for Lulu Belle Books, the Pynes' fledgling company, which in December 2003 published *Lulu's Rose Colored Glasses*. It's the story of the cloudy, cheerless day the March before Lulu died, as seen through a child's rosy prism. It's about viewing the world with optimism, seeing all the colors, not just the gray. On the back is a photo of the entire family with the words, "Real love stories never have endings."

Perhaps more than anything else, the book has helped heal the Pyne family. "My little girl taught me that the world is how you choose to see it," says Gretchan. "I can choose to be depressed, miserable, grumpy, and horrible. Or I can choose to fight my way back and find happiness again."

The book quickly became a family project. Warren was in charge of finding the rose-colored glasses that would be tied to each copy. They hired a local company to print the book, which is illustrated by Anne Carrozza-Remick, a friend of Gretchan's. Then the women went knocking on bookstore doors. Some told them they didn't sell self-published books. But a surprising number—from small independents to giants like Borders (it carries the book in Massachusetts)—said yes. Their first thousand books sold out quickly, and 10,000 more are nearly gone. (The book is available at *www.lulubellebooks.com.*) Part of the proceeds are going to a scholarship in Lulu's name at Warren's chiropractic college.

"People buy it for adults who have illnesses, for parents who lost children. They're in hospitals and hospices and in schools," says Gretchan. One man bought books to take to an orphanage in Bangkok, Thailand, and an HIV clinic in Costa Rica. A woman with ovarian cancer bought the book for her granddaughter; when the woman died recently, everyone wore rose-colored glasses to her funeral.

Gretchan feels Lulu's message is about hope and happiness, that adults should try more often to see the world with a child's rose-colored vision. She has a heightened sense of how precious children are and has little patience with people who take them for granted. "I just want to shake parents and tell them to wake up," she says. "Your children are only there [for] a short period of time."

Gretchan, who almost flunked [illegible] because she was [illegible] CONTINUED

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speaking, is being asked to talk publicly about grief and coping—and she does it, because talking about what happened to her family helps her to heal. The boys accompany her to signings, handing out flyers in the stores or mall.

"I'm not as fearful a person as I once was," says Gretchan. "When you have a child who dies . . . what else is there to be afraid of?" She quickly answers her own question. "God forbid, you have the fear of losing another child." She and Warren both worry more than they used to about their boys. "Because you know the worst can happen," she says.

Lulu's presence still looms large in the Pyne home. Framed photos are everywhere. Each night they light a candle at what was her place at the table. Every July fifth they make a cake with birthday candles and set off fireworks for Lulu. Two years ago they held a butterfly release in her garden; Lulu loved "flutterbies."

But they have also begun to build new memories. When they sold the boat, they bought a piece of land in Vermont, far from the ocean Lulu so loved. They spend many weekends there and, as they have the last several years, plan to be there this Mother's Day. In an e-mail to friends last year, Gretchan wrote that she feels Lulu's presence strongly on that day. "It's as if all three of my children are with me. Lulu's love helps us heal."

Still, nearly five years later, there are potholes in the road to recovery. Gretchan and Warren employ "hug therapy" and talk about happy times with Lulu. They work to safeguard their marriage against the reality that a huge percentage of marriages end after a child dies.

Recovery comes in baby steps. Warren, who loves the ocean, has started to look at boating magazines again. The boys adore their new American bulldog puppy, Belle. Gretchan takes pleasure in planting more hydrangeas in Lulu's garden, watching the twins on the tire swing, hiking in the Vermont woods. "The only way to honor the person you lost is to find your happiness again and to carry the person with you," she says.

While the boys have grown to be wiry 14-year-old eighth graders, Lulu, who would be 8 now, will remain frozen in time as a 4-year-old to her family: a little girl in a tutu and tiara who still loved her "blankie."

Last year Gretchan met an 80-year-old woman at a book signing who lost a child of her own decades ago. "I could see the pain in her eyes still. It becomes part of who you are," says Gretchan. "You can't possibly be the same person you were before."

It has helped her to believe things happen for a purpose—that Lulu's brief life was about spreading love, that her death was about becoming an angel who sows the message of hope. "I don't believe God picks off kids," she says firmly. "If I thought her death was just some random thing, how could I go on?"

She constantly prays for signs: "Lulu, let me know you're there. let me know I'm doing the right thing." Then, one summer night, as she stood on her deck, she saw a double rainbow—the first she'd seen since that horrific day when Lulu died. She grabbed a camera and herded Warren and the twins down to the beach. The rainbow seemed to start at their property, stretch across the harbor and end at the cemetery on the other side where Lulu is buried. Tears streamed down her face. Warren blinked back his. "Thank you, Lulu, thank you," her mother said.

You know you've hit gold when the

POLLYWOGS mingle with the ROLY-POLIES.

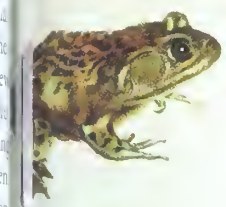


Fig. 1 American Toad



Fig. 3 Spring Azure Butterfly



Fig. 5 Monarch Caterpillar

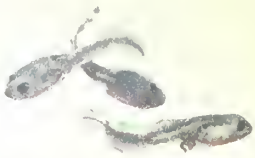


Fig. 7 Pollywogs



Fig. 2 Banded Gecko

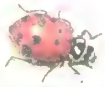


Fig. 11 Ladybug

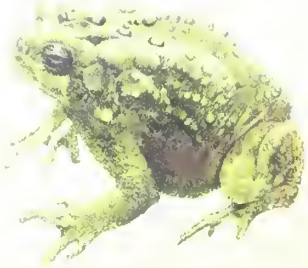


Fig. 6 Bullfrog



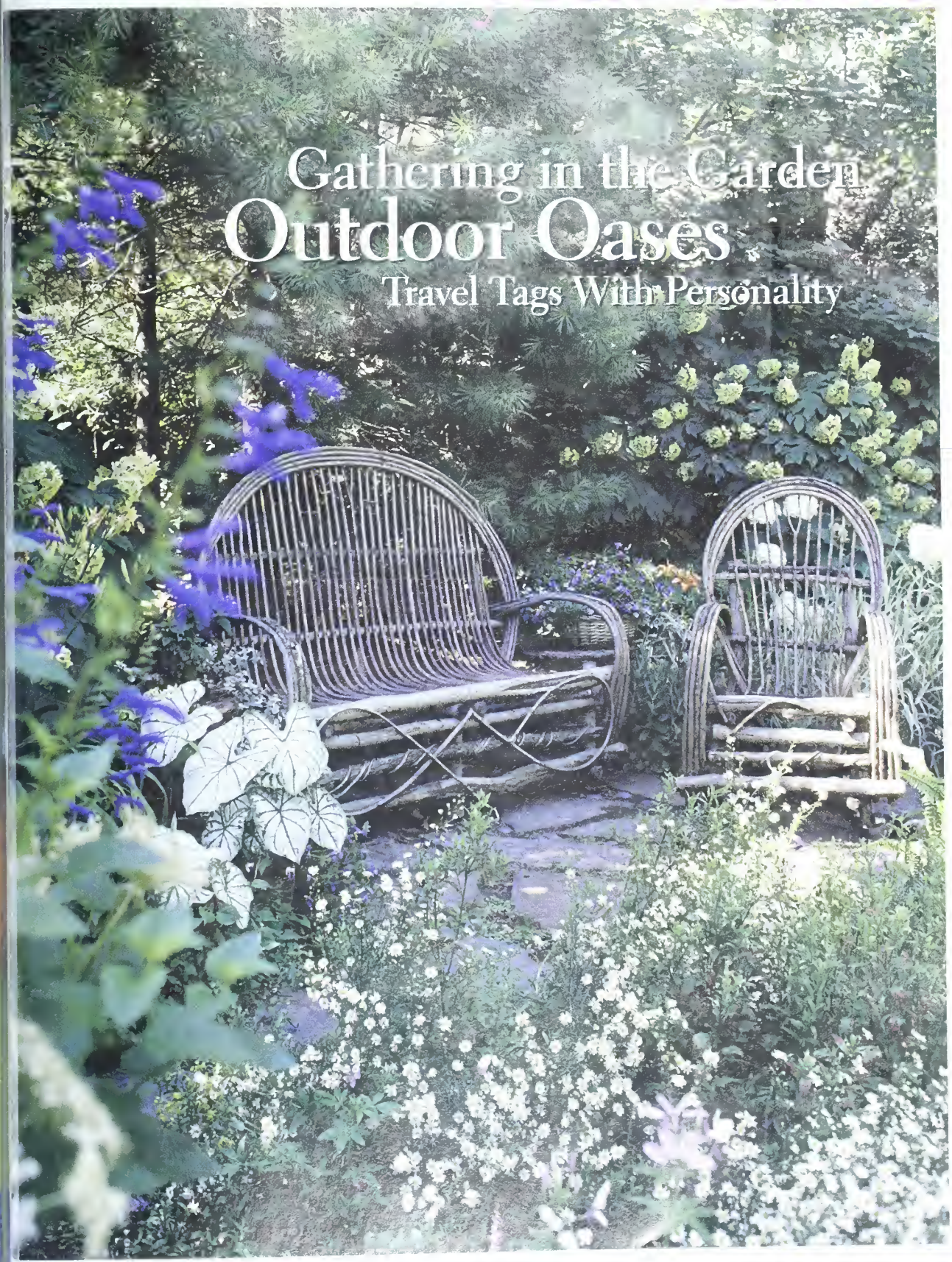
Fig. 8 Dragonfly

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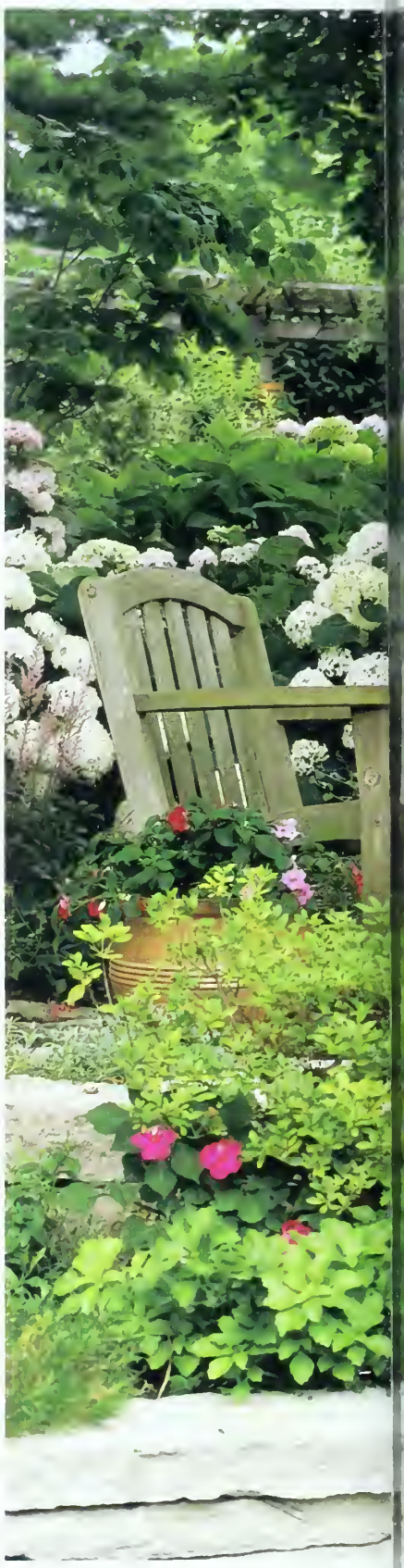
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Backyard Retreats



As summer approaches, so too comes a natural yearning to spend more time out of the house. Even if you don't have—or can't afford—a traditional deck or porch, you can create cozy, cordoned-off areas even in the most modest backyards that invite informal gatherings of friends and family.

Choose the most secluded spot in your yard—say, under a tree or in a natural nook—and furnish it with a few chairs and a table. Enhance the intimacy by adding lower, flowering bushes or even just a few, tall potted plants around your seating area. To establish a more distinct border, you can use gravel, flagstone or brick, depending on your taste and budget. With a little more effort, you can even create an outdoor "room" of sorts by mimicking the look and feel of indoor walls or ceilings with basic garden structures, such as wooden pergolas or lattice fencing.

When weighing your options, consider how your family will use the outdoor space. If it's mainly for dining and entertaining, it makes more sense to choose a spot closer to the house for easy access to the kitchen. If the goal is to create a relaxing spot to read, lounge and nap, position it farther away from the house (with its ringing phones and everyday hustle and bustle). Here, a few more ideas for creating a garden getaway all your own.

CONTINUED

WRITTEN BY KIERAN JUSKA



Weathered teak chairs and a bench, aged naturally to a classic gray, are set on a beautifully landscaped stone patio in the shade of several trees. Lush white hydrangea bushes help define the space and create a dramatic backdrop.



Create an outdoor "room" with wooden lattice gate walls—the one here even has an added round window. The semi-open structure functions as an architectural element while allowing the sunlight and breeze to move through. A stone birdbath placed in the flower bed is a pretty addition.

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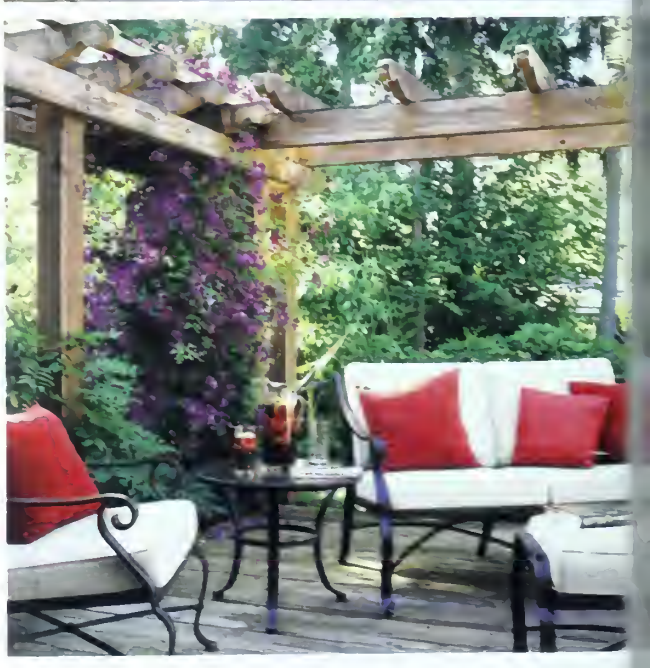


This ordinary brick patio is made extraordinary by the thoughtful landscaping that surrounds it. While an elegant decorative touch, the draped white curtains also provide shade on sunny days. Wrought iron café table and chairs and a hanging glass lantern create the ideal ambience for an afternoon meal in the garden.

Where to Find It, page 222

If limited space requires the seating area to be right off the house, don't fret: you can soften the space with landscaping. Below, large bushes, hanging flowers and pots of trailing plants, as well as rustic bent-twig table and chairs, help make this simple patio feel more remote.





This unfussy, open-topped pergola, dressed up with a mass of climbing, jewel-toned morning glories, gives this wooden deck a sense of having floating walls. An iron loveseat, armchair and ottoman are all topped with cushions covered in outdoor fabric that is both waterproof and fade-resistant for comfortable lounging all afternoon.



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Fantastic Felt

Start with two identical rectangles of felt and a third that's slightly smaller made from cardboard. Cut a window in the center of one of the felt rectangles and trim a piece of heavyweight paper with your printed ID information to a half inch larger than the opening. Glue the paper to the center of cardboard. Pin all three layers together, label in the middle. Tuck in a folded length of ribbon and sew or glue layers together. To add the car design, stencil the shape onto paper and use the resulting template to cut out it of felt and glue on.



Perfectly Patterned

Start with two identical circles of oilcloth and a slightly larger decoratively edged circle of heavyweight paper. Cut a square opening in one oilcloth circle. Pin the circles together with the paper in the middle. Sew or glue around the edge of the circle. Write ID information in the window with a waterproof marker. Using a hole punch, punch a hole at the top for the ribbon.



Photo Fun

On the computer, create an ID template that will fit into a self-laminating luggage tag (available at office-supply stores) and print it out on heavyweight paper. Attach a photo to the back of the tag. Use a decorative hole punch to make shapes out of another color paper and glue those around the photo. Place tag in the sleeve and seal according to manufacturer's directions.

Where to Find It, page 222

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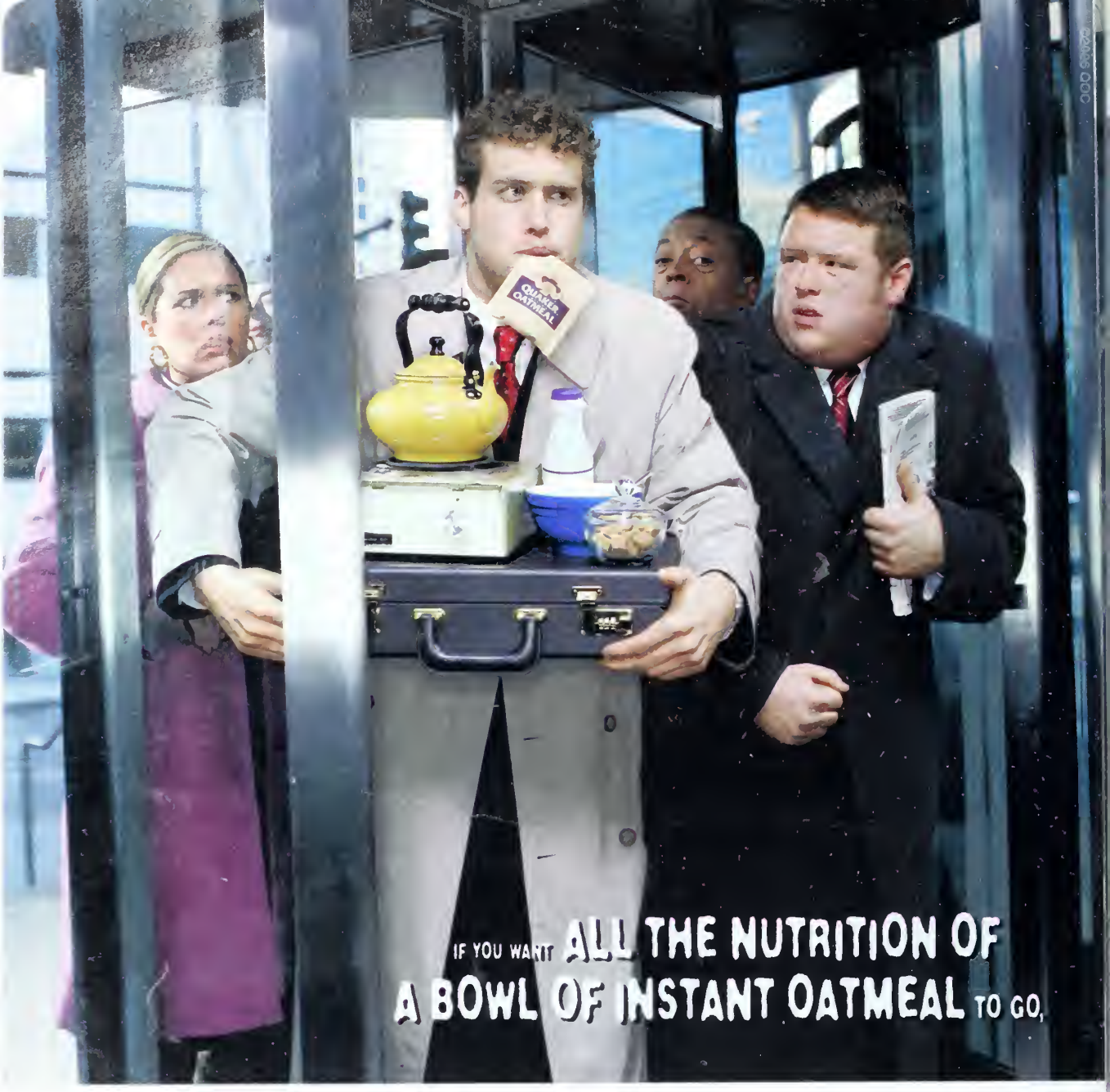
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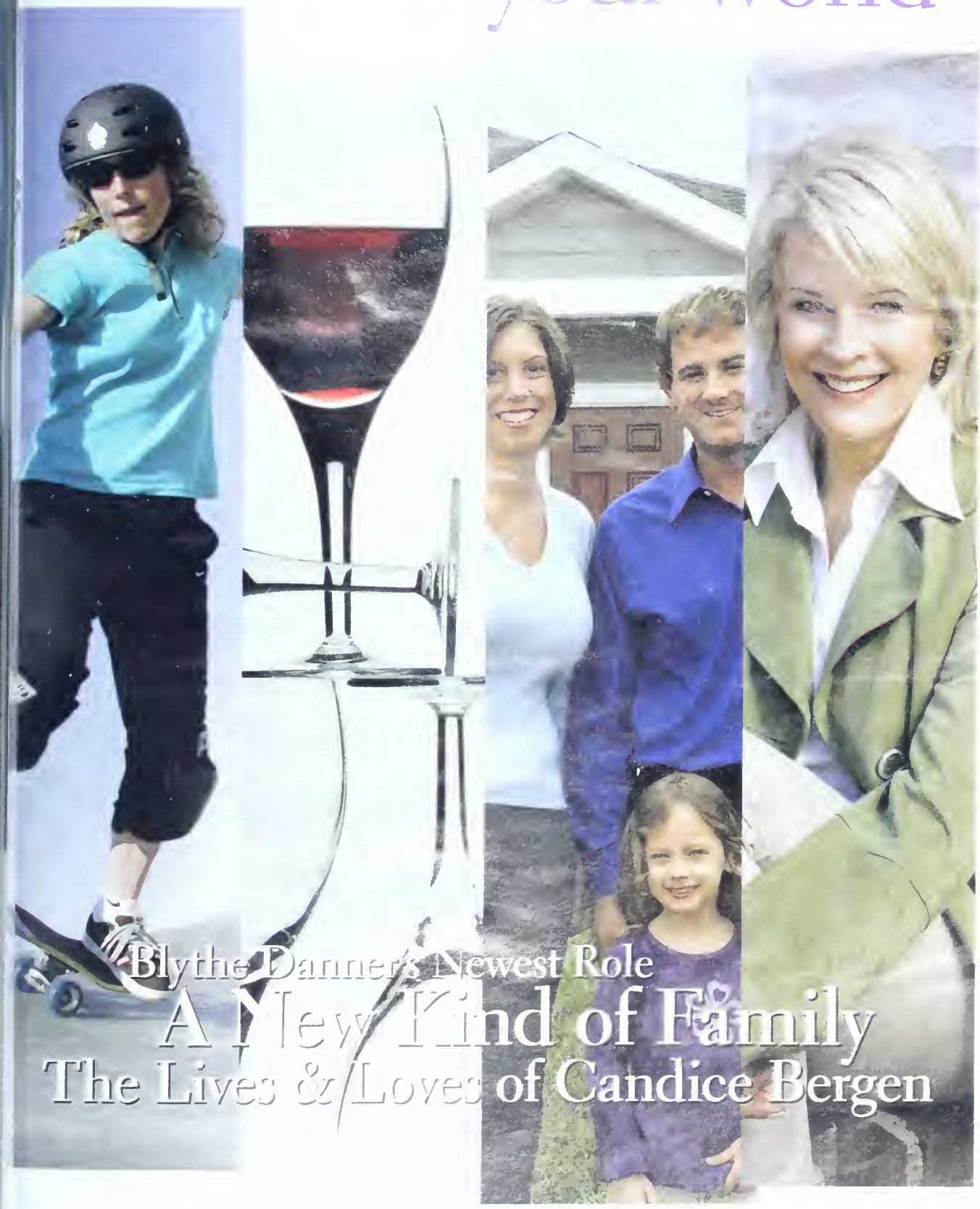
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Blythe Danner's Newest Role

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The Lives & Loves of Candice Bergen

LEGAL REGAL CANDICE

Candice Bergen calls 'em like she sees 'em. She loves dogs and pigs, growing older and her daughter. She doesn't like stars with entourages, her *Boston Legal* hairstyle and, oh, let her tell you ...

There are too many things about *Boston Legal* that are brilliant, funny and fabulously weird to list here. But here's one: For those of us on the far side of 40, there is a special thrill in seeing one of our own as an object of awe and respect, someone who is unapologetically powerful and driven, even tough and feared. Candice Bergen's Shirley Schmidt is all those things and more. When was the last time you saw a 59-year-old woman on television kissing with heat? Okay, Bergen has a head start on the rest of us (in person, she can still take your breath away) and the 61-year-old man was Tom Selleck—but still.

Bergen, who was recently nominated for a Golden Globe and Screen Actors Guild Award for her role as the formidable legal eagle, recently sat down over lunch to discuss her new show, her (semi) new marriage and the surprising pleasures of preparing to turn 60 in a Paris Hilton–worshipping world.

Ladies' Home Journal: David E. Kelley, the creator of *Boston Legal*, says he developed the character of Shirley Schmidt with you in mind. What was it about you that inspired him?

Candice Bergen: I don't know! He just called—thank God—and said, "You know, I'd love to write a part for you in the show." I think they needed a strong woman character. I get so many people coming up to me saying, "What a bitch! I can't believe you're so tough on people!" But the thing is, Shirley does what needs to be done. I think she's incredibly noble and tough and strong, but I think that she's highly principled and has these unexpected sides that are bawdy and sexy and very surprising and unexpected.

LHJ: You could be describing Murphy Brown.

CB: But Shirley is very mysterious. Murphy Brown was completely in your face—there were no secrets there, whereas Shirley plays it very close to the vest, which is really fun. So I find them, in that sense, very different. But both are very principled and very political.

LHJ: Which is why I still can't fathom how Shirley Schmidt had an affair with William Shatner's character, Denny Crane.

CB: Oh, I have it all figured CONTINUED

By JUDITH NEWMAN

Photographed by ROBERT TRACHTENBERG



Bergen relaxes in her L.A. home with one of her dogs, Gordo, an Akita mix



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ut! See, Denny Crane in his prime was tremendously charismatic–Shirley chmidt doesn't fall for the easy ones. or someone who is as successful at aw as Shirley is, she was dazzled by Denny's footwork. In his time he was kind of legal genius.

LHJ: Tell me a little about working vith Tom Selleck. He guest-starred as our ex-husband, a womanizer who's till in love with you, and I have to ay the kiss you shared–well, it was ike one of those great kisses from 40s film noir.

CB: Well . . . it's not revolting, I don't hink.

LHJ: Uh, no, safe to say: NOT REVOLTING. Is Tom a good kisser?

CB: [*Laughs*] Very nice, yes. Very nice. n a way he's sort of a throwback to a matinee idol of the '40s and '50s, like Clark Gable, but tall. Very much a man's man, very respectful to women, shy and, you know, very open and cute about being nervous. Everyone says, "But his politics are so right wing" [EDITOR'S NOTE: Bergen herself is a vocal Democrat]. But to me, it takes no small amount of courage or self-awareness to profess politics that are contrary to the politics of almost everyone else in your business. Plus Tom's just so completely gracious and professional and courteous to everyone. There's no bull. He doesn't come with any entourage, and I'm just a big supporter of that.

LHJ: What–Candice Bergen doesn't have [illegible]?

CB: [*Laughs*] I don't think people have posses so much anymore. I think actor are becoming an improved breed. For instance, I did small parts in movies with women who have really taken charge of their lives, their careers and who are just really focused. Women like Sandra Bullock, Reese Witherspoon, Gwyneth Paltrow.

LHJ: Often, when an actor tells you, "Oh, I just love everyone I work with!" you suspect she's digging her fingernails into her palm to say that with a straight face. But watching you on *Boston Legal*, you seem to truly be having such a good time.

CB: It's a cast of grown-ups. [James] Spader and Shatner are meticulous actors, in different ways. Spader not only knows all his own lines, but he learns everyone else's lines, too. He's so charming and wonderful and unpredictable–and genuinely eccentric, which makes him fascinating. He's also very seductive, and women are mesmerized. Women pay attention to everything he says. You feel you have to do what he tells you to do. He'll look at the shoes I'm wearing and go, "I think you ought to think about those shoes." I'm usually wearing Merrell [illegible]. But around James, even off-camera, I wear proper heels. *Beat, pause for a moment, as I'm processing what person.* Hey, did you do the waitress's hair? You know, that's like this origami thing happening on top of her head.

LHJ: I'm glad you brought up the subject. We need to talk. About your [illegible] on your show: You look like you're wearing a flattened Furby on your head. What's wrong with the hair you actually have, which is gorgeous?

CB: *Hmmm.* You're not the first person to mention this. I've gotten some complaints–always from women–who are like, What's with the hair? I wanted empress hair, but maybe I got Furby.

LHJ: It never occurred to me the hair was part of the character.

CB: Yes, and it's supposed to look good, not like an animal.

LHJ: And as long as we're talking hair . . . *Murphy Brown* is now on TV Land every day, and you say you don't watch it . . . .

CB: . . . because of the hair, yes. It's so dated. I just can't face it. Some of that hair goes back almost 20 years.

LHJ: Are you in touch with any of the people who were on the show?

CB: Yes, I just got together with Faith Ford the other day. I love all of them, it's just sometimes our paths cross and sometimes they don't. But I see Faith, and I talk to Grant [Shaud], the guy who played Miles.

LHJ: *Boston Legal* is shot in L.A. and your husband is such a Manhattanite. How do you handle that?

CB: That was my only hesitation. I fly back and forth every two weeks. It works out only because my husband has been so supportive, and comes out to L.A., and visits even though I work so late. The biggest hardship is on him, really.

LHJ: Tell me more about Marshall. How did you meet? [EDITOR'S NOTE: Bergen lost her first husband, acclaimed French film director Louis Malle, to cancer in 1995; philanthropist and real-estate developer Marshall Rose lost his wife, also to cancer, a year later. Bergen and Rose married in 2000.]

CB: We met CONTINUED ON PAGE 142

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through mutual friends—Marilyn and Don Hewitt [the legendary former producer of *60 Minutes*]. I wasn't really looking to meet anyone, but . . .

LHJ: Was it love at first sight?

CB: Pretty close to it! It was certainly trust at first sight, which goes a long way. I was immediately drawn to him and just thought that he was not only extremely attractive but also a fine man. Someone very unusual and fun. And so, you know, I'm very lucky.

LHJ: What would be a perfect day for the two of you?

CB: He's a passionate New Yorker, so we've had wonderful days where we would just walk all over the city and walk along the river and Battery Park and explore the city on foot. We also have the house in the country, and we walk on the beach with our dog, and go bike riding, and sort of love being there together. He has great gusto for life, which is a tremendous gift.

LHJ: Is there one common weird passion the two of you share?

CB: Our dog Jerry. Half poodle, half golden retriever. You have to love animals in our household.

LHJ: I've heard you don't eat meat?

CB: I'm a half-assed vegetarian, and I have been since I was 21 or 22. I never eat red meat or pork, because I love pigs. They are highly intelligent and sociable. I would like not to eat chickens, too, because I think that they're not humanely killed or raised. [*Bergen pauses again. She had already eaten lunch, earlier, with her daughter, but knows I'm starving.*] Are you going to order your lunch now?

LHJ: Can't you at least get dessert? You've got to help me out here.

CB: You can't go from chardonnay to dessert, that's just way too much sugar and you're going to go nuts.

LHJ: No no no. I'm not getting dessert. I want you to get dessert.

CB: No no no, I can't, I can never have dessert again, even though I always do. I love to eat. That's one thing about getting older—you get fat.

LHJ: Oh *pul-lease*. But I'd love for you to talk to me about getting older, particularly as a woman so celebrated for her beauty.

CB: Oh, everybody I know is better older. They're more relaxed, they're more mellow, they're more alert as a friend, they have a confidence . . . you really do acquire a kind of "I don't give a damn" about what people think, which is so liberating.

I love this age now because I know I'm so lucky to have a marriage that is so loving and full. And then, to further enrich it I have a job now that is the kind that doesn't come along. I mean, it was already rare enough that *Murphy Brown* came along when I was 41. And now to have writing of this caliber and these actors that are a dream to work with, it's, you know, just an extremely well-rounded, rich life.

LHJ: Have you become a more spiritual person as you've gotten older?

CB: I know that I'm supposed to become more spiritual, out of sheer terror if nothing else. I'm always a little suspicious of people who are in their 50s and 60s and suddenly become devoutly religious after having been, you know, really vocal atheists all their life. I think by that time CONTINUED



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it's too late to curry favor.

But you know, I do find spirituality everywhere. For me, spirituality can be about establishing connections with nature, with other people. New York is a very spiritual place for me because you make such random connections with total strangers. You can be at a museum or standing on a street corner, and there's this moment of connection, of shared appreciation for a moment, that is spiritual.

LHJ: Today you sent your daughter [Chloe Malle, 20] back to college, and you seem a little melancholy.

CB: Yes.

LHJ: I've read that you cried for days about her leaving the nest.

CB: Well, that's been a little exaggerated. I hated the fact that she was going away to college but at the same time I was so happy for her. When you see your kids growing and having wonderful friendships and studying things that excite them and expand their intellect and their heart, it's thrilling.

LHJ: I know you considered journalism for a time during college, and your daughter seems to be interested in it, too. She's writing for her school paper.

CB: Well, she writes very well, and she takes her writing quite seriously. But I don't think she knows yet what she wants to write.

LHJ: Given her gene pool, has she thought about going into entertainment?

CB: I've always sort of discouraged her doing that, for various reasons. I was afraid that kids who grow up in Los Angeles or Beverly Hills don't spend any time looking anywhere else for doing something in life, it's just automatic that they go into show business in some form or place. And I wanted her to have time to explore herself and the world and, you know, other possibilities before she locked in on that, because it's almost inevitable



Bergen with her daughter, Chloe, in 2004

if you grow up there.

But then again, she's done a little acting in high school and she's very talented. Also, the actors I've been meeting lately are so interesting, I'm starting to reconsider.

LHJ: Do you have one secret silly thing that you do, like buying Hummel figurines on eBay or something?

CB: You mean, like something stupid?

LHJ: Stupid would be good, yes.

CB: I order a lot of costumes for my dog. This year, for Halloween, he was Batman, though he wouldn't keep his bat ears on.

LHJ: There are a lot of great new clothing options for dogs.

CB: Yes, this is true. What it says about us is probably not so great but still, we take advantage.

Let's see, what else? . . . My daughter and I like to reenact moments from . . . well, you know that section of *Us* magazine called "Stars: They're Just Like Us"? We do a lot of that. Look: [Candice Bergen] taking out garbage! [Candice Bergen] washing the dog!

LHJ: If you had to choose between movies that made you laugh and cry, which would you choose?

CB: Laugh. I'm an easy cry in movies. That's why I didn't see *King Kong*. I just couldn't stand to see this gorilla played so convincingly get wasted on the top of the Empire State Building. I'd ju end up rooting for him for three hour a terrible idea.

LHJ: Define for me what you think as a hero, at this point in your life.

CB: I think we're surrounded by the all the time. I think they don't g enough attention, and they don't g enough respect, and they don't g enough press. The wrong people a so often the ones in the limelight, an it's unfortunate.

There are all of these kids in Ira . . . look at the list of their names an their ages, and it just breaks your hea every time. I just think that they're a enormously brave, to be over ther even though some of them have n other choice.

Also, to me, people who take a unpopular stand are very brave. Yo know a lot of people were very vocall against this war and had other sort o alternatives that they were proposing In hindsight they were prescient.

LHJ: What are you most grateful for i this world?

CB: My daughter.

LHJ: You've led such an extraordinary seemingly charmed life: the child o Hollywood royalty, an Ivy League school, modeling, almost immediat movie success . . . but you've had you share of great sadness, too. If someon were making a movie of your life would it be a comedy or a drama?

CB: I really don't know. Some of i would focus on my childhood an growing up with a dummy for a broth er [Bergen's father was the famed ven triloquist Edgar Bergen], so it would b somewhat exotic and bizarre. And i would be an ongoing struggle about dealing with privilege. But whoever played me would have to be someon who aged well, because frankly—except for the dying part—getting older is so fabulous. I love it.


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THE TIME OF HER LIFE

Blythe Danner chats about what kind of mom Gwyneth is, the surprising joys of being a grandmother and playing a meddling mom on *Huff*

By LAURA BROUNSTEIN

Blythe Danner's voice comes over the phone like really good sherry—rich and nuanced with that indefinable essence of class and culture. And while this Tony- and Emmy award winning actress is frequently cast as the icy patrician mother in everything from *Meet the Fockers* to *Huff*, when Danner, 63, talks about her real-life family, her son, director Jake Paltrow, 30, her daughter, a certain Oscar-winning actress named Gwyneth, 33, and her granddaughter, Apple, who turns 2 this month, her voice radiates with warm affection.

Ladies' Home Journal: Are you liking the role of grandma?

Blythe Danner: Oh, yes! For years people said to me, "Just wait until you're a grandmother." They would say, "it's a love you can't describe," and they were right! It's immense! The role of grandparent is great fun and joy. When Bruce [Paltrow, Danner's husband of almost 33 years who succumbed to cancer in 2002] died, life just kind of lost its meaning for me. But when Gwyneth and Chris [Martin, lead singer of the multiplatinum rock band Coldplay] had Apple, there was meaning again, finally. The primal urge and thrust that another generation brings keeps us wanting to live. Being a grandparent is bigger than I ever imagined.

LHJ: What has been important for you to pass on to Apple?

BD: The joy of living that Bruce had. Embracing life and being loving to family. Just last night, Gwyneth and Apple and I were all dancing to Mozart in my hallway at home. We were just enjoying wholeheartedly the physical abandon of it. We don't do that every day, but it reminded me that we should.

LHJ: Do you see differences in how Gwyneth is raising Apple from how you brought up her and Jake?

BD: When I was raising them, parents were rebelling against the very strict kind of upbringing we'd had in the '40s and '50s. I thought my mom did a pretty good job, but there were things I went the other way on because I wanted them to have more freedom. We were more lax with parameters, which was fine, because Jake and Gwyneth turned out beautifully. But Gwyneth very much adheres to a schedule. My daughter is incredibly intelligent. She's read everything, she's got great instincts and is extremely centered. Bedtime is a good example: From the time Apple was born Gwyneth had a CONTINUED

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wonderful lady, an English nanny, who believed that you swaddle the baby and then let them cry and self-soothe and they go to sleep. Whereas when Jake or Gwyneth cried, we picked them up immediately. It's much easier. What Gwyneth has done is hard; she used to sit outside Apple's bedroom weeping because she couldn't bear to hear her daughter cry. But it didn't go on very long and it has really paid off because this baby is fabulous. She sleeps when she's supposed to and for 12 hours! Gwynnie is also very good at teaching Apple about manners.

LHJ: Is there any mothering advice that your mother gave you and you passed to Gwyneth?

BD: It's really prosaic, but important: Treat others as you would be treated. In my business, especially, I'm always proud to hear people who have worked with Gwyneth tell me that she's good to others, polite, and hangs up her clothes [*laughs*]. Costume people always say to me, "Wow, you've trained her well!"

LHJ: As Gwyneth has pointed out, you put your own career on the back burner when your kids were little.

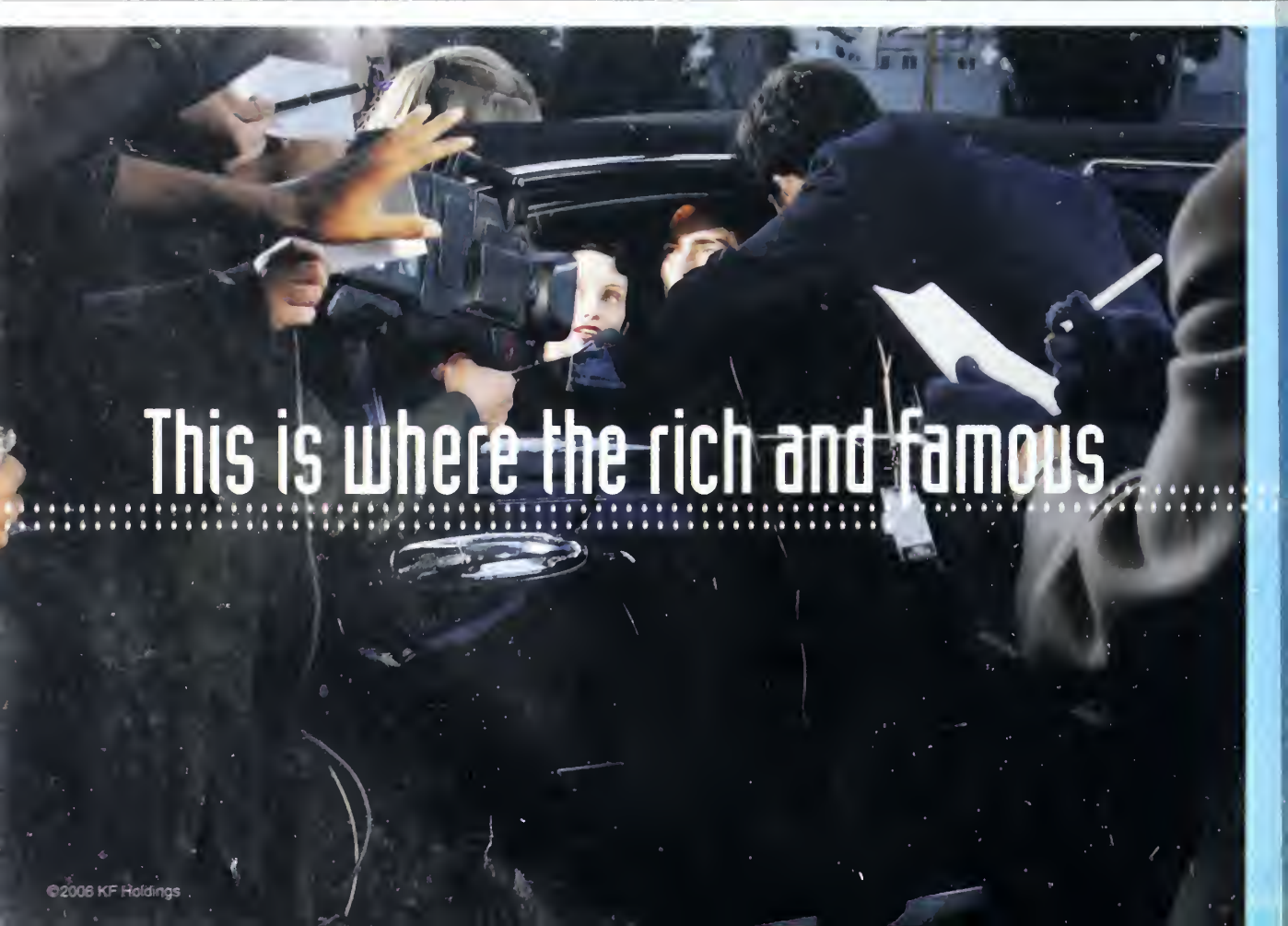
BD: When they were growing up, I only worked once in a while. My career was never really dictated by "what's a great role," but by "what's a good time for me to work?" And most often the roles for which timing worked out weren't very good. These last couple years have presented some real gifts in terms of that.

LHJ: And going strong! You won your first Emmy for your work as Izzy, the central character's somewhat scary mother on Showtime's *Huff*. Are yo still enjoying it in the second season?

BD: Oh, it's like going to play rathe than work. The badder Izzy is, th better I like her. But as it goes or more of her is revealed: She's not jus the evil mother-in-law. Although I d like to think of her as Archie Bunke in Chanel!

LHJ: Will there be a sequel to *Me the Fockers*?

BD: I said to Bob [De Niro] as we wer finishing up, maybe we'll be usin canes in the next one. And in the follow ing one, walkers! But it's so much fun like a paid vacation, really, that anothe one would be fine with me. Barbr [Streisand], whom I go way back with is terrific, Dustin [Hoffman] I've known since 1968 or something, and the two of them are just hilarious. We all had t



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bite the insides of our cheeks to keep from laughing on the set!

LHJ: You and your husband had been active in environmental causes for years. Are you still?

BD: I've made a conscious choice, since he's been gone, to give of myself in a bigger way. I work with several groups, the Union of Concerned Scientists, INFORM, a New York–based environmental group, and the Environmental Media Association on issues like switching to natural gas and recycling. Because the current administration doesn't really promote environmental causes, grassroots groups like those I work with must do more and more.

LHJ: How did you first get involved?

BD: I remember marching against a nuclear power plant that was built on an earthquake fault when I was pregnant with Jake, more than 30 years ago. We have a responsibility to leave this world a better place for our children. Initially, that alone propelled me. Bruce and I even had one of those electric cars. He was so funny: We'd drive it to our favorite restaurant in California, which had a recharging outlet for it right in front. When we'd pull up, I'd just plug it right in and leave it there. Bruce would say, "Why don't you give it to the valet? He needs to make a living." I'd say, "Honey, the plug's right there. I'm saving the $5!" He'd say, "Oh, for heaven's sake," which was his favorite thing to say. After he died, I was having dinner with friends at that same restaurant and yes, I'd plugged my car in out front. But when I walked outside, after dinner, I could hear him saying to me, "Let the guy earn a living," so I gave the valet $5, even though my car was parked across the street. I said to myself, "I hope you're happy, Bruce!"

LHJ: One last question I have to ask. Apple? Really?

BD: I think it's a wonderful name *[laughing]*! We like interesting names. I wanted my daughter to have a Welsh name, like mine, and it was either going to be Gwyneth or Bronwyn. We decided on Gwyneth—who knew it would become this sort of one-name identification for her? And with Apple, well, in England there are lots of floral names. There are Pears, Marigolds and Irises. I think it's quite nice.



TICKET TO RIDE

This California mom got hooked on skateboarding as a cure for the baby blues. Today she urges moms everywhere to "catch some air"

On Saturday mornings, when most moms are busy shuttling their kids to ballet lessons or orthodontist appointments, Barb Odanaka, 43, bids her son Jack, 9, good-bye and hits the pavement near her Laguna Beach, California, neighborhood—on a skateboard.

"I used to feel guilty," says Odanaka of her unusual hobby. "After all, what kind of mom would choose rolling on a wooden board over spending time with her family? But I realized that if something makes you really happy, it's better to pursue it, if only for an hour a week. A happier mom makes for a happier family."

Eager to find moms who shared her passion, Odanaka organized the Mighty Mama Skate-O-Rama in nearby Laguna Niguel, in June 2004. Nineteen women showed up (most heard about the event through word of mouth). Today Odanaka's 350-strong International Society of Skateboarding Moms (*www.skateboardmom.com*) meets at least one Saturday morning a month. This Mother's Day the society will host the area's third annual Skate-O-Rama, with members flying in from as far away as Great Britain, Canada and Mexico. Proceeds from the event's raffles will go to the Orangewood Children's Home library, which helps promote Odanaka's favorite cause, childhood literacy. In 2004, Odanaka, a former *Los Angeles Times* reporter, wrote her first children's book, *Skateboard Mom*, about a little boy whose mother hoards the skateboard he gets for his eighth birthday.

Odanaka's infatuation with skateboarding surfaced early but went into remission for more than 20 years. She was introduced to the sport at 10 and three years later joined the 1977 Hobie Amateur Team but later ditched her skateboard for running shoes after her high school track coach advised her to concentrate on running. She didn't pick up a board again until she was 35, when a therapist she was seeing to treat her postpartum anxiety urged her to devote 10 minutes a day to something she loved before becoming a mom. A week later her husband, Paul, presented her with a new Hobie. Today this self-proclaimed Imelda Marcos of skateboards owns 23, the most recent an anniversary gift from Paul.

Though Odanaka, who homeschools Jack, is not about to let skateboarding interfere with her family obligations, the sport has inevitably seeped into her home life.

"It's my ticket to bliss," says Odanaka, who rolls around the house on a special indoor board (one with softer wheels to protect her floors). "My family's learned: When Mom gets cranky, send her out on her board. It keeps us all sane."



Odanaka gets vertical at a Southern California skate park

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Second-Generation Stepfamilies

Today's stepfamilies are less stigmatized and more savvy about the challenges they face

By CAROL MITHERS

Who: It wasn't so long ago that being part of a stepfamily was considered unusual. Today it is becoming an American norm. The Stepfamily Association of America estimates that a staggering 1,300 new stepfamilies are formed every day, making this one of the fastest-growing family types in the United States. According to the association, more than half of Americans are or have been part of a stepfamily—or will be one day.

A better blend: Stepparenting is a lot different than it was, say, in Cinderella's day. For one thing, many of today's stepfamilies are formed by men or women whose own parents got divorced. They know how difficult—and how critical—it is to make stepfamilies work.

Striving to succeed: As stepfamilies have become more common, their challenges have become better understood. Today stepfamilies have access to an unprecedented number of support groups and resources—even pastors who minister specifically to them.

Representative family: Mike, 30, and Heather Remer, 29, of Gainesville, Florida, both previously divorced. Mike and his ex-wife share custody of their 5-year-old daughter Mara. CONTINUED

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A ready-made family, the Remers sometimes have to make up the rules on the run

In 2003, when the Remers married, Mike didn't know what to expect. But Heather knew all too well that the adjustment wouldn't be simple. Her own parents' marriage ended in great bitterness when she was 13. Her father ceased to be part of her life until she was 21, and she did not get along with her stepfather, whom her mother married soon after the divorce. "I was told to call him 'Dad' and resented it," she says. When she became a stepparent herself, Heather thought she knew all the pitfalls and could sidestep them.

The Remers had a lot going for them. Mara was less than 1 when Mike's marriage ended, so having two families would be something she would grow up with. And Mike and his ex remained friendly. But there were still difficulties. "I barely knew how to be a dad and now I was a dad in a blended family," Mike recalls. "There was no model for who we were together or how we were supposed to act. Even the little things were unclear. If I wasn't around and Mara misbehaved, did Heather have the right to punish her? If something happened to Mara at preschool and Heather couldn't reach me, did she have authority to take action without clearing it with my ex?"

The adjustment was even tougher for Heather. "You miss the honeymoon period when you have an instant family," she says. "I felt guilty about sometimes resenting that. Also, it was hard to figure out how active a role to take in Mara's life. Every level of involvement increased the reward, but also the difficulties. It was hard when I disagreed with something her mother did, like feeding her sweetened cereal. I'd start pushing Mike, 'You have to deal with this—now!'"

One of the most important lessons the Remers learned as they formed their stepfamily was that such struggles were the norm. Both individual and marital counseling helped; so did an online support group.

Eventually it all came together. "We stopped trying to conform to labels and found our own roles," says Mike. "These days, I don't think about us being a stepfamily constantly. We're just a family. When Mara's not here, Heather and I spend time together. When she is, we're two parents and a kid." As they discuss the possibility of having another child, the potential of future change remains real. But "we've learned how crucial it is to express ourselves, to listen to each other and to trust," says Mike. "Even when we get stressed out, we're strong together, and I know we'll make it."

"I've learned not to worry about being perfect and to accept people, even when we don't agree," adds Heather. "I've also realized that in the end, as a stepparent, you have to create your own role and job description. Mine is to be Mike's wife and to help with Mara. I'm not the primary caretaker. Even though I have a lot of a mother's responsibilities, Mara's mom has a special place that I'm not going to fill." She doesn't see that difference in terms of loss. "I know I will have an impact on her life. Our relationship . . . I don't think there's a word that properly describes it. We share a love that is completely by choice."

"I'VE LEARNED NOT TO WORRY ABOUT BEING PERFECT AND TO ACCEPT PEOPLE, EVEN WHEN WE DON'T AGREE"

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e see important information

PATIENT INFORMATION

DETROL® LA (DE-trol el-ay)
(tolterodine tartrate extended release capsules)

Read the Patient Information that comes with DETROL LA before you start using it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor about your condition or your treatment. Only your doctor can determine if treatment with DETROL LA is right for you.

What is DETROL LA?

DETROL LA is a prescription medicine for **adults** used to treat the following symptoms due to a condition called **overactive bladder:**

- having a strong need to urinate with leaking or wetting accidents (urge urinary incontinence)
- having a strong need to urinate right away (urgency)
- having to urinate often (frequency)

DETROL LA did not help the symptoms of overactive bladder when studied in children.

What is overactive bladder?

Overactive bladder happens when you cannot control your bladder muscle. When the muscle contracts too often or cannot be controlled, you get symptoms of overactive bladder, which are leakage of urine (urge urinary incontinence), needing to urinate right away (urgency), and needing to urinate often (frequency).

Who should not take DETROL LA?

Do not take DETROL LA if:

- you have trouble emptying your bladder (also called "urinary retention")
- your stomach empties slowly (also called "gastric retention")
- you have an eye problem called "uncontrolled narrow-angle glaucoma"
- you are allergic to DETROL LA or to any of its ingredients. See the end of this leaflet for a complete list of ingredients.

What should I tell my doctor before starting DETROL LA?

Before starting DETROL LA, tell your doctor about all of your medical conditions, including if you:

- have any stomach or intestinal problems
- have trouble emptying your bladder or you have a weak urine stream
- have an eye problem called narrow-angle glaucoma
- have liver problems
- have kidney problems
- are pregnant or trying to become pregnant. It is not known if DETROL LA could harm your unborn baby.
- are breastfeeding. It is not known if DETROL LA passes into your milk and if it can harm your child.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. Other drugs can affect how your body handles DETROL LA. Your doctor may use a lower dose of DETROL LA if you are taking:

- Certain medicines for fungus or yeast infections such as Nizoral® (ketoconazole), Sporanox® (itraconazole), and Monistat® (miconazole)
- Certain medicines for bacteria infections such as Biaxin® (clarithromycin), and erythromycin
- Sandimmune® (cyclosporine) or Velban® (vinblastine)

Know the medicines you take. Keep a list of them with you to s your doctor or pharmacist each time you get a new medicine.

How should I take DETROL LA?

- Take DETROL LA exactly as prescribed. Your doctor will scribe the dose that is right for you. Do not change your unless told to do so by your doctor.
- Take DETROL LA capsules once a day with liquid. Swallow whole capsule. Tell your doctor if you cannot swallow a caps
- DETROL LA can be taken with or without food.
- Take DETROL LA the same time each day.
- If you miss a dose of DETROL LA, begin taking DETROL again the next day. Do not take 2 doses of DETROL LA in same day.
- If you took more than your prescribed dose of DETROL LA, your doctor, or poison control center, or go to the hos emergency room.

What are possible side effects of DETROL LA?

The most common side effects with DETROL LA are:

- dry mouth
- constipation
- headache
- stomach pain

Medicines like DETROL LA can cause blurred vision, dizziness drowsiness. Use caution while driving or doing other danger activities until you know how DETROL LA affects you.

These are not all the side effects with DETROL LA. For a comp list, ask your doctor or pharmacist.

How do I store DETROL LA?

- Store DETROL LA room temperature (59 to 86° F) out of light. Keep it in a dry place.
- **Keep DETROL LA and all medicines out of the reach children.**

General Information about DETROL LA

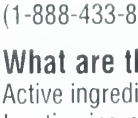
Medicines are sometimes prescribed for conditions that are no the patient information leaflet. Only use DETROL LA the way y doctor tells you. Do not share it with other people even if they h the same symptoms you have. It may harm them.

This leaflet summarizes the most important information ab DETROL LA. If you would like more information, talk with your d tor. You can ask your doctor or pharmacist for information ab DETROL LA that is written for health professionals. You can a visit www.DETROLLA.com on the Internet, or call 1-888-4-DETR (1-888-433-8765).

What are the ingredients in DETROL LA?

Active ingredients: tolterodine tartrate
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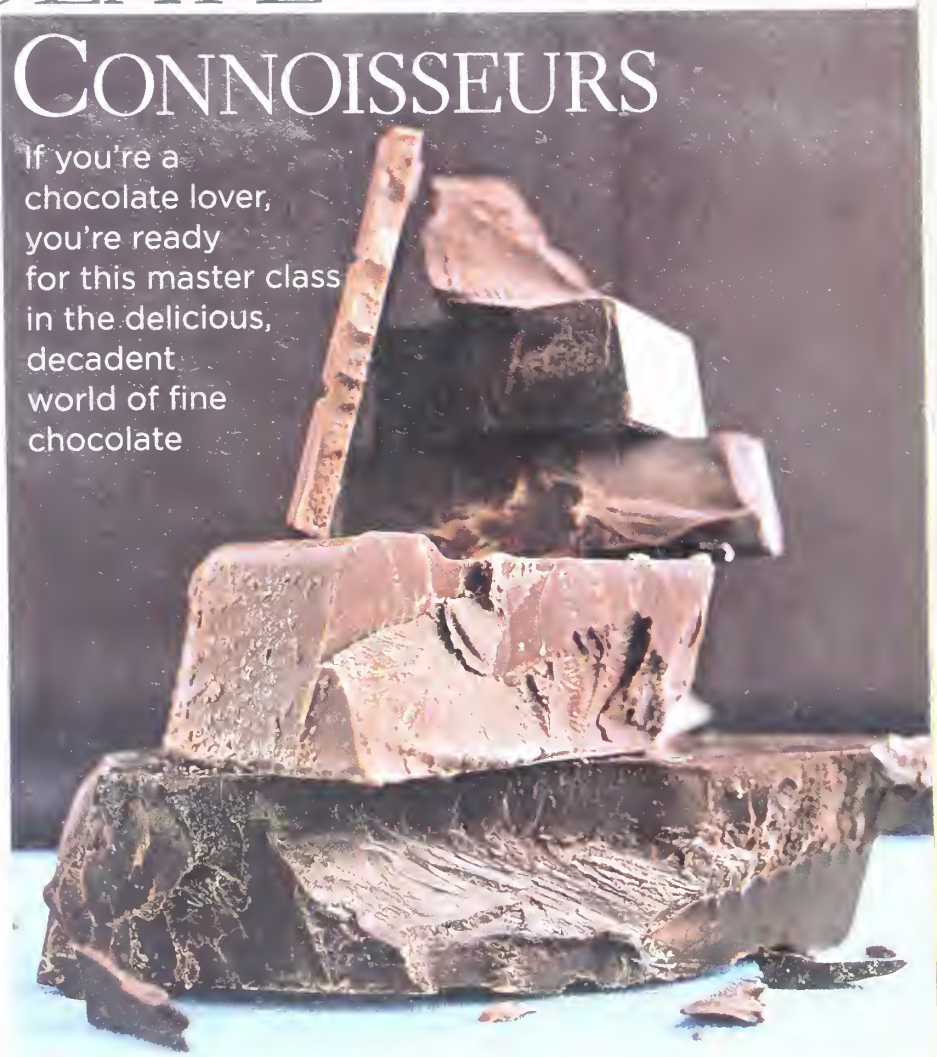


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CHOCOLATE FOR CONNOISSEURS

If you're a chocolate lover, you're ready for this master class in the delicious, decadent world of fine chocolate



s your idea of good chocolate the andy bar you get from the vending nachine? If so, you don't know what ou're missing. That's because fine hocolate—darker, richer, less sweet han what you may be used to and nade with the highest-quality ngredients by artisanal chocolatiers rom around the world—has become a videly available delicacy, with food overs savoring it like fine wine or heese. As the chocolate buyer for the London department store Fortnum & Mason, I've witnessed the world's growing passion for chocolate first-and. Whereas fine chocolate was nce only available at specialty shops, hances are your local supermarket as begun stocking it on its shelves.

Ready to indulge your sweet tooth ut not sure where to begin? Here's ow to tell the difference be-ween real chocolate and can-y bars, which brands to look or and how to make the most f your first chocolate tasting.

By CHLOE DOUTRE-ROUSSEL

THE HISTORY OF CHOCOLATE

Derived from the cocoa bean, which the Aztecs and Mayans in Mexico traded and used in their rituals from the sixth to the 10th centuries, chocolate was later enjoyed as a hot drink by wealthy South Americans, who sweetened their bitter cocoa with vanilla and chai (a blend of spices such as anise, cinnamon, nutmeg and cloves) and drank it at special occasions such as weddings. When hot chocolate reached Europe in the 17th century, it became an CONTINUED

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everyday drink enjoyed by the elite over afternoon tea.

It wasn't until the Industrial Revolution that chocolate became the product we know today. In 1847, Fry's, a Bristol, England–based confectioner, discovered a way to convert cocoa beans into a paste that could be cast into a mold. *Voilà*—the world's first chocolate bars! More advanced production methods followed, resulting in a smoother-textured candy bar. By the 1920s, much of the world's chocolate was being mass-produced. Most was made from inexpensive but not very tasty cocoa beans called Forastero, which are grown along the Ivory Coast and in Ghana. To improve the bean's bitter flavor, large amounts of sugar and vanilla flavoring were added to the mix. This tradition of disguising inferior chocolate with non-chocolate additives continues to this day: Although the world consumes $42.2 billion worth of chocolate products a year, most are in the form of candy bars that contain lots of sweeteners, emulsifiers and preservatives but very little cocoa.

CHOCOLATE WITH CLASS

Fine chocolate, by contrast, is a far purer, healthier product. It is made of higher-quality beans grown in limited batches, contains only about a tenth of the sugar of the typical candy bar and is produced by a small group of international chocolatiers.

What makes these purveyors special? They care about the cocoa they use and where it comes from, and are prepared to pay more for high-quality beans. Unlike their mass-produced counterparts, artisanal chocolatiers take a more hands-on role in the chocolate-making process. The following retailers are considered the best chocolate makers in the world.

Amedei: In 1997, after visiting cocoa plantations in Venezuela, the owners of this Italian chocolatier, based in Pisa, decided to produce chocolate that was derived only from Venezuelan beans they or their representatives personally selected instead of buying beans from brokers. Amedei produces a wide selection of dark chocolate bars and a few filled chocolates (*www.amedei.it*).

Bonnat: This French company, founded in 1884, is known for its dark chocolate. Bonnat has a limited distribution and its bars may be difficult to find (*www.chocosphere.com/Html/Products/bonnat.html*).

Chocovic: Located near CONTINUED



A FIVE-SENSE "TASTE" TEST

To taste chocolate properly, you need to engage all your senses.

SEE IT Examine the piece of chocolate you are about to taste. Its surface should be smooth and shiny, indicating that the cocoa has been properly cooled after being melted.

TOUCH IT Is it grainy and sandy, or velvety? The smooth texture means any sugar mixed in has been sufficiently ground and the chocolate properly cooled.

HEAR IT Break your bar in half. Did it snap easily? A chocolate that snaps without much effort is a sign that the balance between cocoa powder (ground beans) and cocoa butter (a solidifying agent) is right.

SMELL IT Many expect chocolate to smell of sugar and vanilla. Good-quality chocolate often smells of natural things such as fruit, flowers or spices.

TASTE IT Put a small, fingernail-size piece on your tongue and chew for a few seconds to break it into smaller chunks. Then allow it to melt so all the flavors are released. Make sure the chocolate is spread all around your mouth so you'll taste the flavors more intensely.

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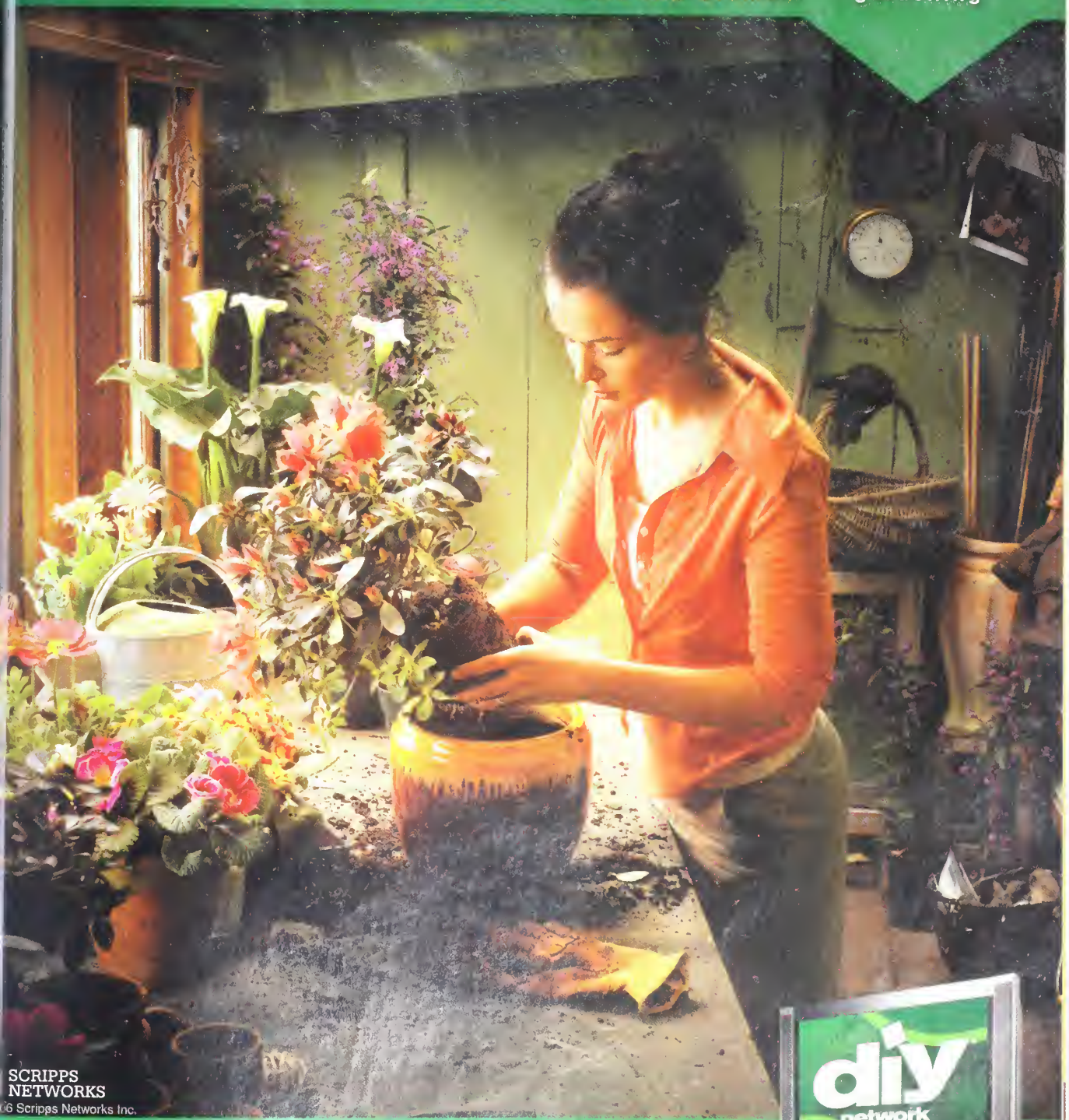
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MAKE YOUR CHOCOLATE LAST



Once dark chocolate bars leave the factory they have an 18-month shelf life. Milk chocolate has a 12-month shelf life. Filled chocolates last just three weeks (unless they contain alcohol, large quantities of sugar or artificial preservatives). How should you store your chocolate at home?

In warm weather (above 80 degrees), store your bars in the refrigerator. Put them in a resealable plastic bag (squeeze out the air before you seal it) to prevent any contamination from other smells in the fridge. When you remove the bars, leave them in the plastic bag until they reach room temperature. Once you take them from the bag, remove their foil coverings and wrap them in a paper towel to absorb any condensation, which could moisten the chocolate.

Filled chocolates can be stored in a resealable plastic bag in the freezer for up to six months. To defrost, place them, still bagged, in the fridge for 24 hours, then remove them and let them sit until they reach room temperature. After taking them from the bag and removing any foil, wrap each in a paper towel before serving.

Barcelona, Spain, Chocovic was founded in 1872 under the name Chocolates Arumi and revived in 1977. It is known for its dark chocolate line called Origen Unico (*www.chocovic.es*).

Michel Cluizel: Founded in 1948 in Normandy, France, Michel Cluizel produces chocolate bars made from beans grown on select cocoa plantations, as well as a variety of assortment boxes (*www.cluizel.com*).

Domori: An Italian company founded in 1994 in Genoa, Domori offers a wide range of chocolate bars made with Venezuelan beans (*www.domori.com*).

El Rey: This company was established in Venezuela in 1929 and its chocolates are made with a blend of beans from a region south of Caracas (*www.chocolates-elrey.com*).

Guittard: A family-owned San Francisco chocolate manufacturer established in 1868, Guittard makes fine milk- and dark-chocolate bars from beans grown on small plantations around the world (*www.guittard.com*).

Marcolini: This Belgian chocolatier is known for its line of fine filled chocolates (*www.marcolinichocolatier.com*).

Michael Recchiuti: This San Francisco company, founded in 1997, produces filled and flavored chocolates, as well as dark- and milk-chocolate bars (*www.recchiuticonfections.com*).

Pralus: A French company founded in 1948, Pralus makes fine chocolate using small batches of carefully selected cocoa beans (*www.chocolats-pralus.com*).

Scharffen Berger: Founded in 1996, this Berkeley, California, company produces excellent cocoa powder and a wide range of chocolate bars (*www.scharffenberger.com*).

Valrhona: A French company founded in 1924, Valrhona manufactures the highly regarded Grands Crus chocolate line (*www.valrhona.com*).

CHOOSING WHAT TO TASTE

The thought of sampling bar after bar of chocolate may make you eager to dive right in to your first tasting. But before you begin, identify the types of chocolate you like, such as milk, filled, flavored or dark chocolate. Then try several examples of that type of chocolate made by the companies above. If you typically go for creamy milk chocolate and have not yet developed a taste for the dark variety, you may be put off by its slightly bitter taste. As you become more adept at differentiating flavor and texture, you can branch out. Make sure you compare a few bars at a time, varying the quality, but always sticking to the same chocolate "family."

It may take you several tastings before you can begin to identify the type of fine chocolate you most enjoy. That's okay. Rarely does anyone make a swift move from cheap, sugary milk chocolate to fine dark chocolate. Knowledge, passion, curiosity, dedication—these are the steps along the way to becoming a chocolate connoisseur, even if you return again and again to your favorite.

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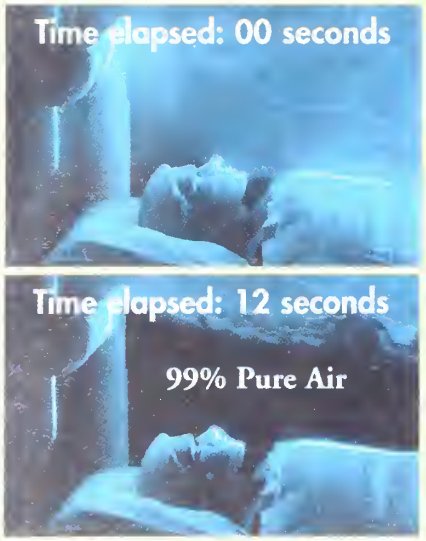
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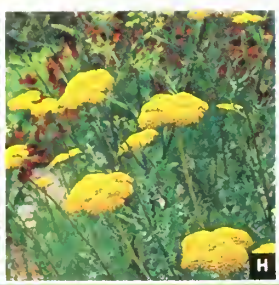
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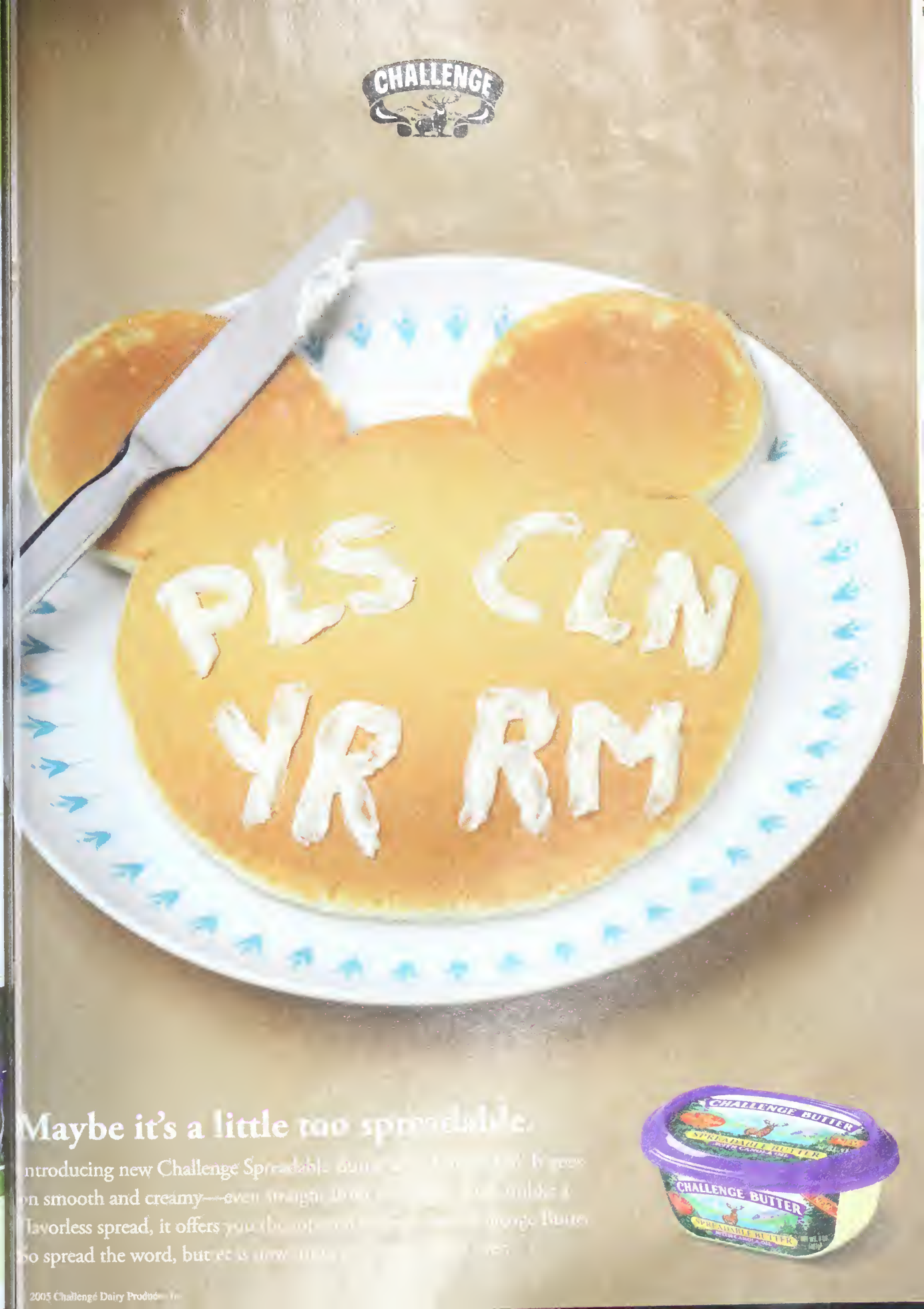






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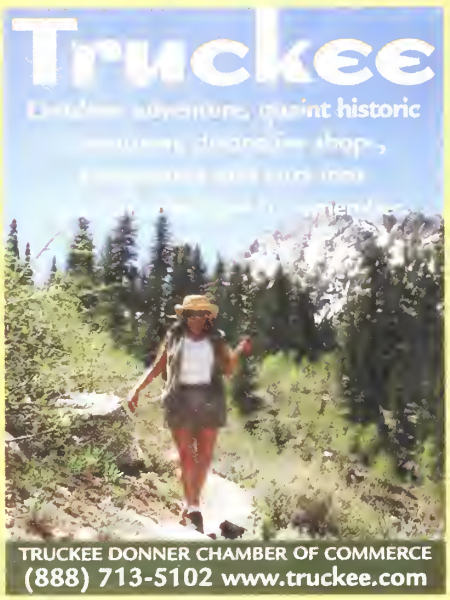
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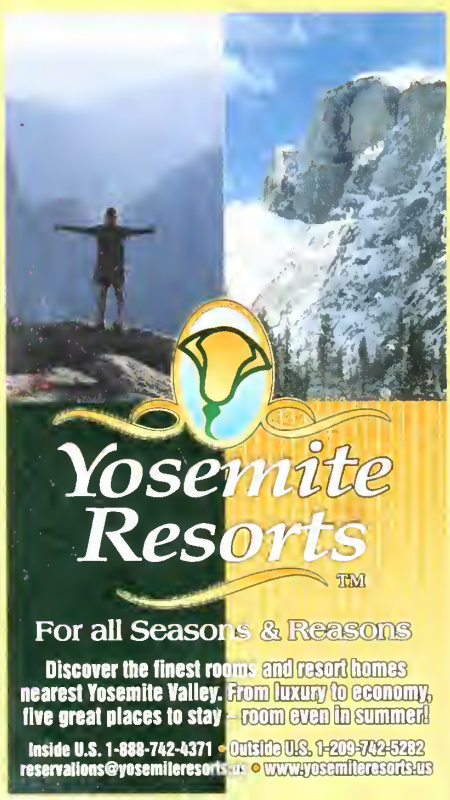
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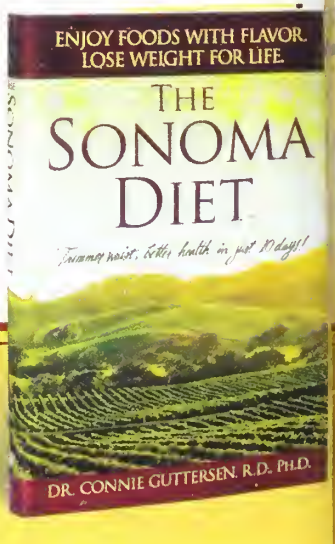
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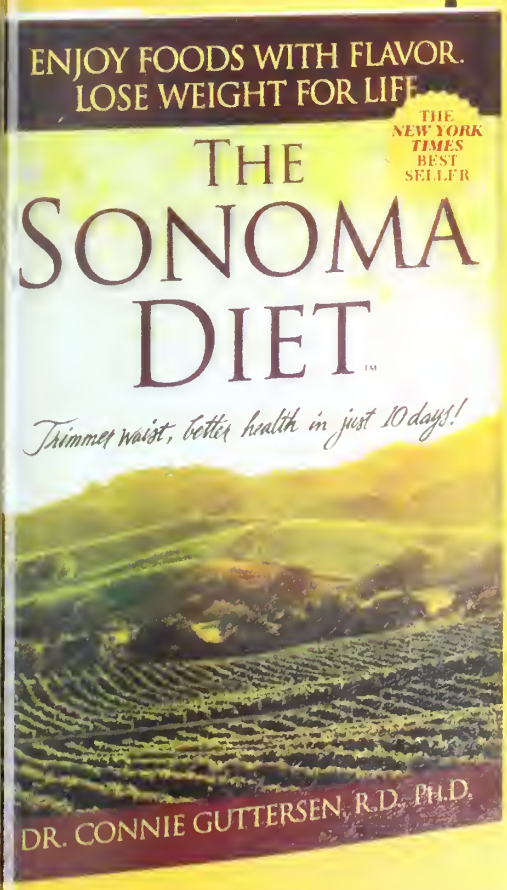
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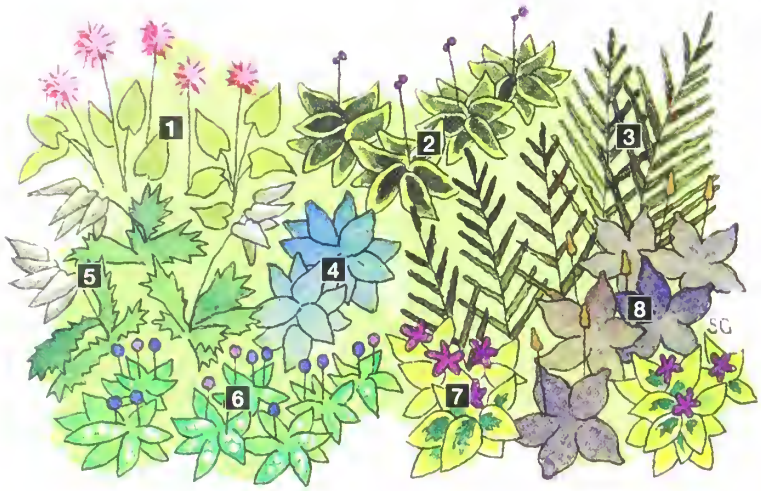
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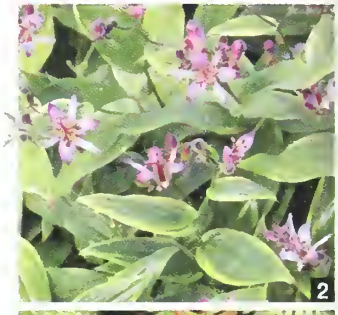


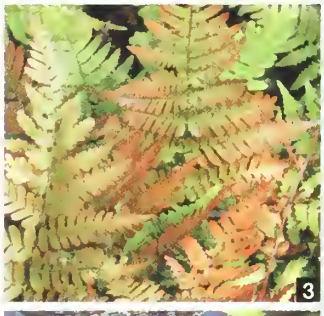
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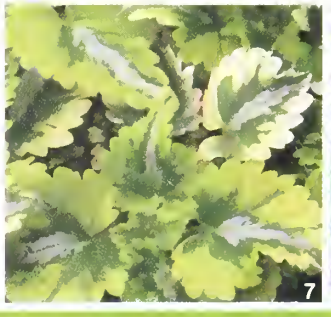


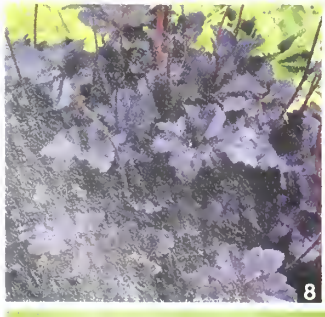












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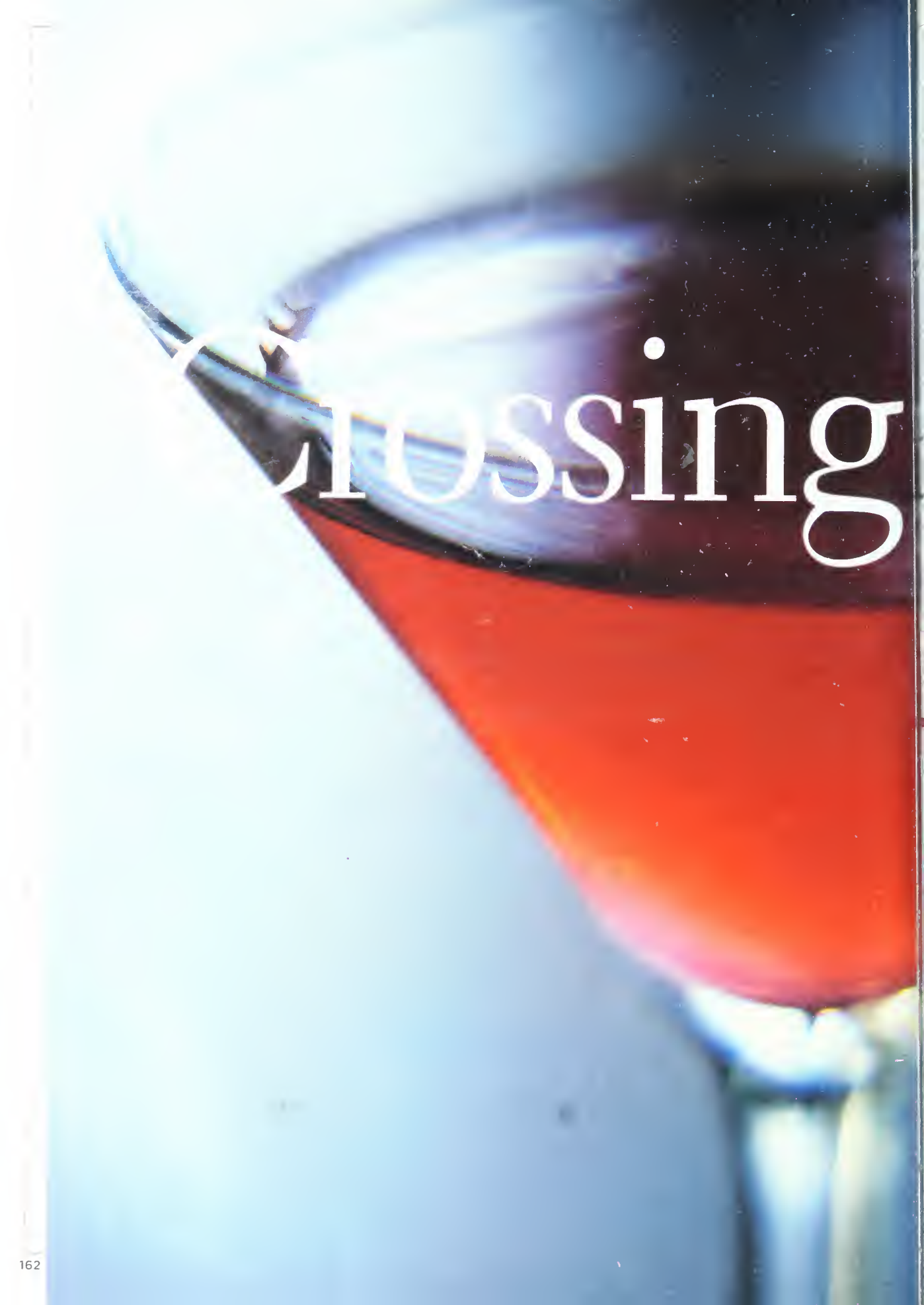
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WOMEN AND ALCOHOL

The Line

The number of women abusing alcohol is on the rise. And the signs of addiction are far more subtle than you might imagine

By Lauren Picker

Two or three times a week—"sometimes less, rarely more"—Anne Calais,* an elementary school teacher and energetic mother of two, enjoys a vodka martini or a glass of wine with dinner. Occasionally, on Friday evenings she and her husband sit with a drink in front of the fireplace in their Connecticut home. "It's about taking pleasure in each other's company," she says. For Calais, 41, alcohol is a stress reducer in liquid form. "After a few sips, I definitely feel more relaxed," she says.

Many of us would drink to that. After all, a glass of spirits is not just a quick way to unwind after a stressful day. As a pleasurable part of a good meal, alcohol can also be good for our health, reducing the risk of heart disease and diabetes. The National Center on Addiction and Substance Abuse (CASA), at Columbia University, in New York City, estimates that 47 percent of adult American women and 63 percent of adult American men consume alcohol.

Women's enjoyment of drinking is amply reflected in popular culture. In the HBO series *Sex and the City*, a cosmopolitan was as much a badge of fabulousness as a pair of Manolo Blahniks. A romantic scene in the 2004 hit film *Sideways* featured not window-fogging sex but a seductive monologue about wine delivered by a woman. The new hit TV show *Grey's Anatomy* features a trio of sexy female surgical residents who work hard and drink hard, too. "Must have liquor," declared one as the group prepared to celebrate Thanksgiving. The drinking surge among young women has even gotten marketers working overtime creating new "alcopops," sweet alcoholic drinks such as Bacardi Breezers that are pitched specifically to women.

Women's Greater Risk

But even though drinking has become an equal-opportunity pursuit, it is not an equal-opportunity problem. Women are at significantly greater risk than men for developing serious problems with alcohol and sustaining physical damage from it. Bluntly put, women get drunk and addicted faster and with much less alcohol than men do.

Why the disparity? Pound for pound, women have less water in their bodies than men do, so the alcohol traveling through their bloodstream is less diluted. Women also have lower levels of a stomach enzyme that helps break down alcohol; indeed, for reasons that scientists do not fully understand, female alcoholics often lack this enzyme altogether. "Even if you correct for weight, if you give a man and a woman the same amount of alcohol, the woman will have a higher blood-alcohol level," says Sheila Blume, M.D., a former medical director of addiction services at South Oaks Hospital, in Amityville, New York. Because of differences in metabolism, alcohol also lingers longer in a woman's body than in a man's, and a woman will CONTINUED

develop liver disease years earlier than a man will, even if she consumes only a fraction of what he ingests.

Metabolic differences may also explain why women who drink heavily tend to become addicted to alcohol more quickly than men do. Estrogen may be implicated, too, says Carrie Randall, Ph.D., director of the Charleston Alcohol Research Center at the Medical University of South Carolina and author of a study that showed women to be on a faster track to addiction.

Although male alcohol abusers in the United States still vastly outnumber women abusers—10 percent of all males (or roughly 12 million men and boys), compared with about 5 percent of all females (6 million women and girls), according to the 2003 National Survey on Drug Use and Health—that's probably because more men drink. Some experts, in fact, believe the number of women alcoholics may be as high as 7.5 million. And that number is on the rise, reports the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Yet many women who do not qualify as abusers imbibe more than what is good for them. According to the NIAAA, one in 10 adult women who drink consume more than the recommended one drink per day maximum (defined by the U.S. Department of Health and Human Services as one 5-ounce glass of wine, one 12-ounce bottle of beer or wine cooler, or 1.5 ounces of 80-proof distilled spirits). Moreover, new research suggests that women who drink are increasingly doing so to the point of drunkenness. "There's been a sizable increase in all age groups reporting intoxication," says Sharon Wilsnack, Ph.D., a clinical psychologist at the University of North Dakota School of Medicine and Health Sciences who has been tracking women's drinking habits for more than two decades.

And drinking begins at ever-younger ages: One 2004 national study found that 23 percent of girls have had their first drink before turning 13. "The gender gap is closing for all ages," says Susan Foster, director of policy research at CASA. "And among eighth and ninth graders, there is no difference at all between boys' and girls' drinking behavior."

One fact is crystal clear. Alcohol abuse can place women at serious risk

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or physical and mental health problems. According to Residence XII, an alcohol-treatment center for women in Kirkland, Washington, women who become addicted to alcohol die 15 years sooner than their counterparts in the general population and have death rates twice as high as male alcoholics. Every year an estimated 21,000 American women die of illnesses and injuries brought on by drinking.

How should you weigh all these grim risks against the growing evidence that moderate drinking (that is, not in excess of the recommended one-drink-a-day maximum) can enhance your health? One study estimates that if all current consumers of alcohol abstained, there would be an additional 30,000 or so deaths each year from coronary heart disease. Moderate drinking may also provide some protection against stroke, adult-onset diabetes and Alzheimer's disease.

Another study suggests that drinking may even improve cognitive functioning in women in their 70s. Research also shows that women who drink moderately have lower mortality rates than those who do not drink at all.

Does that mean teetotalers should start drinking simply for the health benefits? Not at all, says Denise Russo, Ph.D., program director at the NIAAA. "Why would someone want to start down that road?" she asks.

Besides, even moderate drinking is not without hazards: There is a curious link between drinking and breast cancer, according to Eric Rimm, Sc.D., associate professor of epidemiology and nutrition at the Harvard School of Public Health, in Cambridge, Massachusetts. A single drink a day can elevate breast-cancer risk for the average woman with no family history of the disease by as much as 15 percent—but only in women who don't have enough folate in their diets. Dr. Rimm speculates that alcohol may cause a folate deficiency that is the real source of the breast-cancer link. His Rx: Eat well and take a daily multivitamin.

A Slippery Slope

Kate Levine* would be the first to tell you that she likes to drink. She likes it a lot. "I sort of fixate on it," admits the fortysomething New York City consultant and mother of three. "Nothing relaxes me and makes me feel good like a drink." But she is quick to add, "I don't consider myself an CONTINUED

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alcoholic." She drinks only on weekends and rarely more than three glasses of wine. "I don't binge, binge, binge until I get drunk," she says. "I drink until I get to that place where I have a buzz going." Although she believes she is firmly on the safe side of the line where drinking shifts from pleasurable to problematic, some experts would argue that she has crossed it.

Levine acknowledges that she looks forward to the weekends, when she allows herself to drink, and that she can't limit herself to just one glass of wine. "These may be red flags," says Sharon Chambers, executive director of Residence XII. "Given the right kind of stress, her drinking could swing out of control."

And given their greater physiological sensitivity to alcohol, women are apt to move more quickly across the continuum from moderate drinking to problem drinking to the addiction of alcoholism. This is especially true for women with a family history of alcohol abuse, who, for unknown reasons, seem to be even more vulnerable to the disease than similar men.

But DNA is not destiny; lifestyle counts, too. You can be hardwired for addiction but won't develop a problem if you don't drink to excess. Nor are you off the hook merely by not being genetically predisposed. "Anyone who drinks enough can become alcohol-dependent," cautions Dr. Blume.

The question, of course, is what is "enough"? At what point does drinking for relaxation veer into problem drinking? Experts agree that you can't put a number on it. Having more than one drink a day doesn't mean a wom-

GETTING HELP

If you or a loved one is struggling with alcohol abuse or dependence, it's important to seek help quickly. These national organizations can direct you to local treatment programs and support groups:

Alcoholics Anonymous is one of the oldest and most successful self-help groups for recovering alcoholics. Women make up about 35 percent of the total membership: *www.aa.org* or 212-870-3400.

Women for Sobriety is the first national self-help program for women alcoholics. For additional information and meeting locations, visit *www.womenforsobriety.org* or call 215-536-8026. Members also have access to chat rooms and message boards.

The National Council on Alcohol and Drug Dependence has nearly 100 affiliates across the country. The NCADD also offers a National Intervention Network for those seeking advice about a loved one's addiction. Call 800-654-4673 or see *www.ncadd.org*.

Al-Anon is a 12-step program for friends and relatives of those with an alcohol problem. There's also a group for teens called Alateen: *www.al-anon.alateen.org* or 888-4AL-ANON.

Substance Abuse and Mental Health Services Administration features a facility locator for treatment services providers across the country at *www.samhsa.gov*.

Recovery Resources Online is a stand-alone information clearinghouse that operates with support of sponsors and affiliates and includes a directory with hundreds of treatment centers nationwide. Visit *www.soberrecovery.com*.

LEADING CAUSES OF SEAL FAILURE

HAVE YOUR WINDOWS SPRUNG A LEAK?

If your windows frequently sweat or fog with condensation, you may have a seal failure and need to replace the insulated glass. Of all the different causes of seal failure, these three are the most common.

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Seals often break down due to water exposure. Windows without proper safeguards to keep water from pooling around the perimeter will experience seal failure sooner.

HEAT

Talk to any company that replaces insulating glass and they'll tell you most of their work takes place on windows with direct sun exposure. Heat causes panes to expand and contract. It also softens and weakens seals until they develop cracks which allow moist air in.

AGE

No matter how well it's made, even the most elastic, flexible seal can't last forever. Over time, every seal will eventually fail, allow moisture to enter the window, and need to be replaced.

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an has a problem or is developing one. But it increases the odds. "Your body will develop a tolerance to a certain amount of alcohol," notes Stephanie Brown, Ph.D., director of the Addictions Institute, in Menlo Park, California. To get the desired buzz, you'll need to drink more.

At that point, a two- or three-drink habit may become customary. If a woman's life enters a high-stress zone, she may add another glass or fill the one she already has to the brim. "It's a slippery slope," says Chambers.

Binge drinking—which is defined as four drinks in one sitting for a woman and five for a man—can also prime the pump, even if such episodes are rare. (They are increasingly common on college campuses.) According to a 2004 NIAAA report, the risk for alcohol abuse or dependence jumps dramatically for women who exceed three drinks per occasion.

To determine whether her drinking has crossed the line, a woman has to assess the impact that alcohol is having on her life. Is it taking on a more important role? Instead of a movie, for example, does she prefer a party where she can relax with a drink in her hand? Even if there is no physical craving, "this could be the beginning of a psychological preoccupation," says Chambers.

If drinking is causing tangible problems, of course, the signs are inescapable. "Generally, if women experience negative consequences from their drinking—problems with driving, their job, at home or with the law—and continue to drink anyway, that's considered abusive drinking," says Foster.

The line between problem drinking and out-and-out addiction is similarly blurry. In fact, some experts believe there is no line—that the problem drinker is showing symptoms of addiction. Physical dependency characterizes it by craving for a drink, a loss of control once drinking, an ever-higher tolerance and withdrawal symptoms when drinking is stopped. "Once a woman is physically dependent, she isn't just drinking for pleasure," observes Dr. Randall. "She's drinking to avoid the withdrawal, the hangover and the pain."

Levine has not experienced any negative effects from her drinking. But she concedes that "if I drink too much, my husband feels as though I argue with him without provocation in a way I wouldn't otherwise." And her weekends-only rule is flexible. Not long ago she was suffering from pain in her neck and decided to treat it with alcohol, even though it was the middle of the week. She and her husband went to a bar, where she had a shot and a pint of beer. She later drank another beer over pizza. "I got home and fell asleep on the couch," she says. "I felt guilty but the crick in my neck was gone. It was therapeutic."

Like Levine, many women use alcohol to treat their aches and pains, especially emotional ones. "Women more than men drink to self-medicate negative feelings," says Dr. Wilsnack. "That's a fairly common pattern and in my view one of the most important warning signs. Why you drink is as important as how much you drink." (Some experts say that males, by contrast, are more likely to drink out of a CONTINUED



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ADDICTION CONTROL IN A PILL?

Drug therapy alone will not keep an alcoholic on the path to sobriety but it can help. There's a new generation of drugs that, used as part of a recovery program, may work better against alcoholism's brain chemistry and be less unpleasant to use than Antabuse, the first drug used to treat alcoholism (see below).

- *Disulfiram (Antabuse)*, in use since the 1940s, blocks the oxidation of alcohol, heightening sensitivity to it. For someone taking this drug, even small amounts of alcohol will cause a highly unpleasant reaction, including flushing, throbbing in the head and neck, nausea, vomiting, sweating, chest pain and vertigo. The cost is $38 to $49 per month.

- *Acamprosate (Campral)*, an anti-craving medication in pill form that received FDA approval in 2004, balances levels of GABA, the brain's major inhibitory neurotransmitter. Experts believe GABA helps curb the urge to seek drugs and other pleasurable experiences. Acamprosate, which costs about $180 per month, can cause gastrointestinal distress as well as headache and confusion.

- *Injectable naltrexone (Vivitrol)* is an extended-release formulation of this relatively new oral drug that blocks opiate receptors in the brain, reducing cravings in some alcoholics. Because it is delivered as a monthly shot rather than a daily pill, the hope is that Vivitrol will improve compliance. FDA approval may come this year. Naltrexone can cause gastrointestinal distress and headaches. The oral drug starts around $137 per month; the price for the injectable version is not yet established.

- *Topiramate (Topamax)* is a high-powered drug in pill form that is an FDA-approved treatment for epilepsy and migraines. New research suggests that it is the most promising alcoholism treatment in the research pipeline, according to Nassima Ait-Daoud, M.D., director of the Center for Addiction Research and Education at the University of Virginia, in Charlottesville, who was involved in the testing. By blocking the release of the neurotransmitter dopamine, topiramate kills the craving for alcohol and blocks withdrawal symptoms. And unlike Antabuse, topiramate doesn't make you sick if you drink, which may encourage more people to start treatment. Multisite trials are under way, and FDA approval may be granted by the end of this year. It will cost about $300 per month.

sensation-seeking urge.)

The sad irony is that drinking to alleviate depression or to shake off sexual inhibitions—both common reasons that women reach for the bottle—can have the opposite effect. "Alcohol is not an antidepressant. If anything, it makes depression worse," says Dr. Blume. And while booze may make a woman feel freer sexually, alcohol decreases sexual pleasure. "The more you drink, the less responsive you are," she says.

A Self-Control Checkup

To ensure that your alcohol consumption is healthy, not hazardous, Dr. Blume advocates reviewing your drinking habits twice a year. "Ask yourself, 'Am I drinking more today than six months ago? Do I ever feel I *need* a drink? Do I ever not remember

hings I've said or done when I was drinking? Is drinking creating problems n my life?' If there's any doubt whatsoever, you should seek professional help," she advises.

There is no blood test to diagnose a drinking problem or alcoholism. Addiction experts and counselors rely on probing questions—and honest answers. Once a problem is identified, there are a number of next steps, depending on the situation (see "Getting Help," page 166). Choices include treatment centers, support groups and counselors who specialize in addiction.

Regrettably, many women never get the treatment they need. Of the roughly 7 million females who abuse alcohol, only 763,000 receive treatment. That leaves some 6.2 million women without that benefit. Although alcoholic men are likewise undertreated, seeking help can be especially difficult for women, in part because the stigma of alcoholism is so profound. "If you're a woman, there's often shame associated with being out of control of any part of your life," says the NIAAA's Denise Russo.

Women may also face greater obstacles to treatment, from concerns about child care and custody to financial burdens. And many in treatment feel uncomfortable with mixed-gender groups. At Residence XII, for example, up to 80 percent of the clients have a history of trauma or domestic violence; these women are often loath to discuss an abusive spouse in the presence of men. For that reason, many experts emphasize the importance of women-only treatment programs or meetings. "With all-women programs, there is a different group dynamic than when men are present, and a different group of problems that need to be addressed," says Susan Burnash, director of marketing for Residence XII. Unfortunately, treatment programs tailored to an alcoholic woman's needs can be hard to find. According to CASA, only 38 percent of programs nationwide have options designed for women.

Happily, the vast majority of women who drink will never be in need of such treatment. But the best way to guarantee that is to understand where to draw the line—and when to pour club soda instead of chardonnay.

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A Healthy Dose of Knowledge

Written by
Katherine Sherif, M.D.

Director of the Center for Women's Health at Drexel University College of Medicine

After caring for women for 15 years, I've learned that the healthiest women in my practice are curious to learn as much as they can about staying well. My patients don't passively put themselves into someone else's hands. They are active partners in making decisions about their health.

I know there's a lot of confusing and contradictory information out there. Just recently, a new study questioned some long-held beliefs about the benefits of calcium and vitamin D. However, many doctors, including myself, still believe very strongly that women should take calcium and vitamin D supplements. That's why it's so important to have an open dialogue with your doctor and discuss your specific health-care needs.

I hope to help you feel passionate about taking good care of yourself. Remember the old axiom "knowledge is power"? It's especially true when it comes to your and your family's health. I look forward to providing you with a Healthy Dose™ of knowledge about some of the most important health issues facing women today.

What every woman needs to know about Osteoporosis

What is Osteoporosis?

Osteoporosis is Latin for "holes in the bone." Instead of a dense network of bone cells supported by calcium, osteoporotic bone is weakened like a sponge with too many holes. As the calcium in bone is removed, the bone becomes thinner.

Osteoporosis causes half a million hip and wrist fractures a year. Osteoporosis also causes compression of the vertebral bodies of the spine. Vertebral compression fractures, which result in shortening of height, curvature of the spine and pain as nerves are compressed, are more common than all hip and wrist fractures combined. Additionally, the jawbone loses its angular definition, leading to softer features associated with aging. Teeth lose their foundation, become loose, and bacteria grow in the gap between tooth and gum.

50% of women
will have a bone fracture in their lifetime, which is four times the rate among men

Osteopenia, which means "weak bones," differs from osteoporosis only in that the degree of bone loss is not severe enough to meet the definition of osteoporosis. Osteopenia also increases the risk of fractures. Fifty percent of women will have a bone fracture in their lifetime, which is four times the rate among men, and most women will not be adequately treated to reduce the risk of future fractures.

Bones are living, dynamic organs that are constantly growing and receding, resulting in reshaping. In aging women, estrogen and progesterone decrease during perimenopause and decrease further after menopause. Estrogen promotes the growth of osteoblasts, which are bone cells that promote the growth of bone by laying down the calcium skeleton. Progesterone also contributes to bone metabolism by inhibiting osteoclasts, the bone cells that reverse the process of building bone to release calcium into the blood. As the levels of these hormones decrease, there is less osteoblast activity and more osteoclast activity resulting in reduced bone density. Estrogen also promotes the incorporation of calcium into bone. That is why, in the first five years after the last menstrual period, women may lose up to twenty percent of their bone mass.



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Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see **"What are the possible side effects of BONIVA?"**)

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see "How should I take BONIVA?").

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see **"What is osteoporosis?"**)

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this page for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby.
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby.
- have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach)
- if you have kidney problems
- **about all the medicines you take** including prescription and non-prescription medicines, vitamins and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see **"How should I take BONIVA?"**)

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.
- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.
- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before
  - lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
  - Eating or drinking anything except for plain water.
  - Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.
- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see **"How should I take BONIVA?"**)

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see **"How should I take BONIVA?"**). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **Do not** take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, **wait** until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see **"How should I take BONIVA?"**)

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, **do not** take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. **Do not** take two tablets on the same day.
- **If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.**

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- **pain or trouble with swallowing**
- **chest pain**
- **very bad heartburn or heartburn that does not get better**

BONIVA MAY CAUSE

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Oriental (Asian)

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information. Do not use BONIVA for a condition for which it was not prescribed. Do not give BONIVA to other people, even if they have the same symptoms you have. It may harm them.

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium

BONIVA (inactive ingredients): lactose monohydrate, povidone, microcrystalline cellulose, crospovidone, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

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Common Causes of Osteoporosis



Symptoms of Osteoporosis

Low bone density is silent until it is advanced. The first symptoms appear as loss of height from the vertebrae compressing and shortening the spine.

Curvature of the spine below the neck (kyphosis) results from the vertebral bodies collapsing.

Wrist and hip fractures are also indicative of bone fragility. While it is easy to diagnose a hip or wrist fracture, it is easy to overlook spine fractures.

Collapsed vertebrae: In the spine, the vertebral bodies don't snap like a wrist bone but collapse and lose height over time in a process that's less obvious. The collapsed vertebrae may pinch a nerve and cause back pain, which can be severe.

The most common causes of osteoporosis include:

Low calcium and low vitamin D. Calcium is absorbed from the intestines with the help of vitamin D. Low vitamin D levels are very common because it is hard to get enough vitamin D from sunlight and diet. Diseases that inflame the intestines, like Crohn's disease, ulcerative colitis and celiac disease (wheat allergy) also prevent the absorption of calcium. A high-sodium diet dumps calcium into the urine. Smoking and drinking alcohol leach calcium from the bones. Too much protein in the diet drives calcium out of the bones.

Lack of exercise. Bones need to be exercised in order to grow and thicken. Most people do not exercise enough. The less you exercise, the more fragile your bones. Women are traditionally less physically active than men.

Medications. The use of long-term steroids, warfarin (a blood thinner) and antiseizure drugs may cause osteoporosis.

Liver and kidney disease. The liver and kidney convert vitamin D to its active form. [illegible] Liver and kidney abnormalities lower vitamin D levels, which can [illegible] prevent calcium from being absorbed.

Calcium, of all the minerals, has received the most attention for preventing osteoporosis. However, other minerals such as magnesium and vitamins such as vitamin D play a significant role in building bone. Calcium and magnesium provide the building blocks of bone. The lack of calcium-containing vegetables in American diets and the overabundance of salt contribute to low calcium and magnesium levels.



The Special Role of Vitamin D

Vitamin D is a powerful nutrient that has been overlooked for years. Physicians and scientists are beginning to recognize the critical role that vitamin D plays in many processes in the body. In terms of osteoporosis, the most important function of vitamin D is to help the gut absorb calcium. Research shows that as many as 90% of Americans are deficient in vitamin D, which means that even if you take calcium supplements, you may not be absorbing as much as you need.

90% of Americans
are deficient in vitamin D

It's well known that sunlight exposure creates vitamin D in the skin. However, most of us don't spend much time in the sun anymore. Instead of hanging clothes outside to dry, we use the dryer. Instead of waiting for the bus or walking to the supermarket, we get in our cars. Even if we're out in the sun for a few minutes every day, we need larger areas than just our faces and hands to absorb enough sunlight to form vitamin D. And if you use a face lotion with an SPF of just 8, you block more than 90% of the sun's rays that form vitamin D in the skin. Finally, the darker your skin, the longer the time you need to spend in the sun to form vitamin D. It's clear that most people cannot get enough vitamin D from sunlight alone.

If you can't get enough vitamin D from the sun, that means you need to get it from your diet. The most abundant sources of vitamin D are from milk, which has vitamin D added, and fish. You have to eat fish every single day just to get enough vitamin D.

One cup of milk only supplies 100 international units of vitamin D. The recommended intake of vitamin D is 400 IU for infants and people over the age of 50, and 200 IU for everyone in between. Some researchers are now saying that people need at least 800 to 1,000 IU per day just to keep from being deficient. Since it is so hard to get from diet, most people probably need to take vitamin D supplements. Overdose of vitamin D occurs at intakes over 10,000 IU per day.

Determining Your Bone Density

Your physician will look for clues to measure bone density. One of the indications to measure your bone density includes a loss of height, so you should have your height measured every year. Other indications include bone fractures and low vitamin D levels. Diagnosis of osteoporosis is relatively easy. A DEXA scan, the gold standard for diagnosis, measures bone density in the spine and hip. If your bone density is less than that of an average 35-year-old-woman, you have osteopenia or osteoporosis. Heel ultrasound is used to screen for osteoporosis. It's less accurate than a DEXA scan, but if it shows low density in the heel bone, you should have a DEXA scan.



Food	Serving	Vitamin D
Milk	1 cup	100 IU
Fortified cereal	1 cup	100 IU
Fortified margarine	1 tsp	50 IU
Salmon, canned, pink	3 oz	530 IU
Tuna, canned, light	3 oz	200 IU

Recommended Vitamin D Intake	
Age (Male and Female)	
0-1 year	400 IU/day
1-50 years	200 IU/day
51-70 years	400 IU/day
over 70 years	600 IU/day

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Osteoarthritis

How it can affect your lifestyle



Osteoarthritis (OA) is common: it affects more than one in ten people and more than three out of four people over the age of 65. OA is more common in women and causes the kind of joint pain that people associate with aging. The most common joints affected are the knees, hands and spine. In fact, OA is so common in the base of the thumb in women that it actually has its own name: de Quervain's arthritis.

OA can be trivial and annoying or it can be debilitating. The symptoms can be constant or they can come and go. In some people, symptoms get worse over time. It has been described as "the arthritis of wear and tear" or "the arthritis of aging." However, it may occur in people as young as their twenties. The cause of OA is unknown.

In OA, the cartilage between the joints wears down. Cartilage is the tough, white, shiny substance that lies between the bones and allows them to move smoothly against one another. It also acts as a shock absorber. Cartilage is composed of more than 80% water and is bathed in slippery lubricant around the joint. Cartilage is constantly growing, shrinking and reforming. In OA, there is more shrinking than growing and the slippery lubricant begins to dry up. The cartilage becomes worn down like gristle and may crack into small pieces. Pain results when the bones scrape against one another. The scraping of bones over broken cartilage may sound like clicking, especially in the knee.

Another feature of osteoarthritis is overgrowth of the ends of bones. Bones may grow lumps or spikes that look like thorns. Bony overgrowth can occur in any joint, whether it is the knee, the thumb or the spine. The knee may look lumpy, enlarged and misshapen. The irritation causes fluid to seep in between the bones, and joints become warm and swollen with fluid. In the fingers, the last two knuckles may swell. Some joints that appear dramatically deformed may not hurt, while others that look normal may be very painful.

The pain may be burning, aching or stabbing. When the knees are affected, it may be painful to walk, especially climbing stairs. Sometimes, after sitting for a while, the knees may become stiff. OA in the thumb may prevent holding objects like pens.

The prevention of OA is unknown. Although it has been ascribed to "wear and tear," overuse is probably not the cause. If over exercising were the cause of OA, most athletes or runners would have OA. And if the knees were affected because they bear the body's weight, that still wouldn't explain why the feet and ankles are not similarly affected. People who are bedridden for long periods of time develop OA, and sitting still for long time periods often results in stiffening and worsening pain. The true cause of OA may be underuse of the joint, not overuse. Joints need to be used to stay healthy. The lack of exercise in our society may explain why so many people have osteoarthritis and why it gets more common over time. Obesity may stress weak joints even further.

How to relieve joint pain

Acetaminophen or ibuprofen may relieve joint pain. In some cases, joint injections of steroids or a slippery substance like collagen may help ease pain. Studies of supplements like chondroitin and glucosamine have produced mixed results, so the jury is still out. In the most severe cases of knee pain, the joints are replaced with metal and plastic artificial joints.

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Manage Your Bone Health

Small differences you can make daily

If you have osteopenia or osteoporosis, the most important things you can do to rebuild bone density are to increase calcium and vitamin D in your diet and exercise. Exercise doesn't have to be strenuous; it can be as uncomplicated as walking at least 30 minutes per day. The more you walk, the stronger your bones. Your doctor may also prescribe medication to rebuild bone density – it depends on the severity of your osteoporosis and other factors.

The three main medications used to treat osteoporosis are estrogen, bisphosphonates and estrogen-type compounds. There is no question that estrogen replacement builds bone and prevents fractures. What is less certain is how estrogen may affect the heart, particularly in women over 60. For that reason, bisphosphonates are commonly prescribed. This class of drugs includes Boniva®, Fosamax® and Actonel®. They have few side effects but must be taken sitting up and with a lot of water to prevent the pills from getting stuck in the esophagus. Estrogen-type compounds like Evista® may also be prescribed to increase bone density.



How to talk to your doctor about bone and joint health

The most important thing you can do for your own health besides controlling your risk factors is to talk to your doctor. Patients often think their doctor will automatically ask them everything they need to know. Patients sometimes also feel uncomfortable or self-conscious bringing up additional questions or concerns. But it's your body and your health. You need to take control of them. Be assertive.

- ✔ Ask your doctor to identify your risks for osteoporosis and osteoarthritis.
- ✔ Ask what you can do to decrease those risks.
- ✔ Make sure your doctor knows all the medications you're taking.
- ✔ Bring a list of things you want to discuss with your doctor to your appointment.
- ✔ Mention any symptoms immediately.
- ✔ Ask the doctor to share any brochures or articles about your health condition or treatments.
- ✔ Ask your doctor if there's a website she recommends. There is a lot of great information on the web, but there's a lot of misinformation, too. Your doctor may be able to point you to reputable sites, but be sure to share any information you find online with your doctor.
- ✔ Make sure you follow up. If you have questions after the visit, call and ask. If your symptoms get worse or don't respond to medication, call immediately. If you had a test and don't hear back with the results, call the office and ask for them.

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*Philbin is a paid Osteo Bi-Flex endorser.

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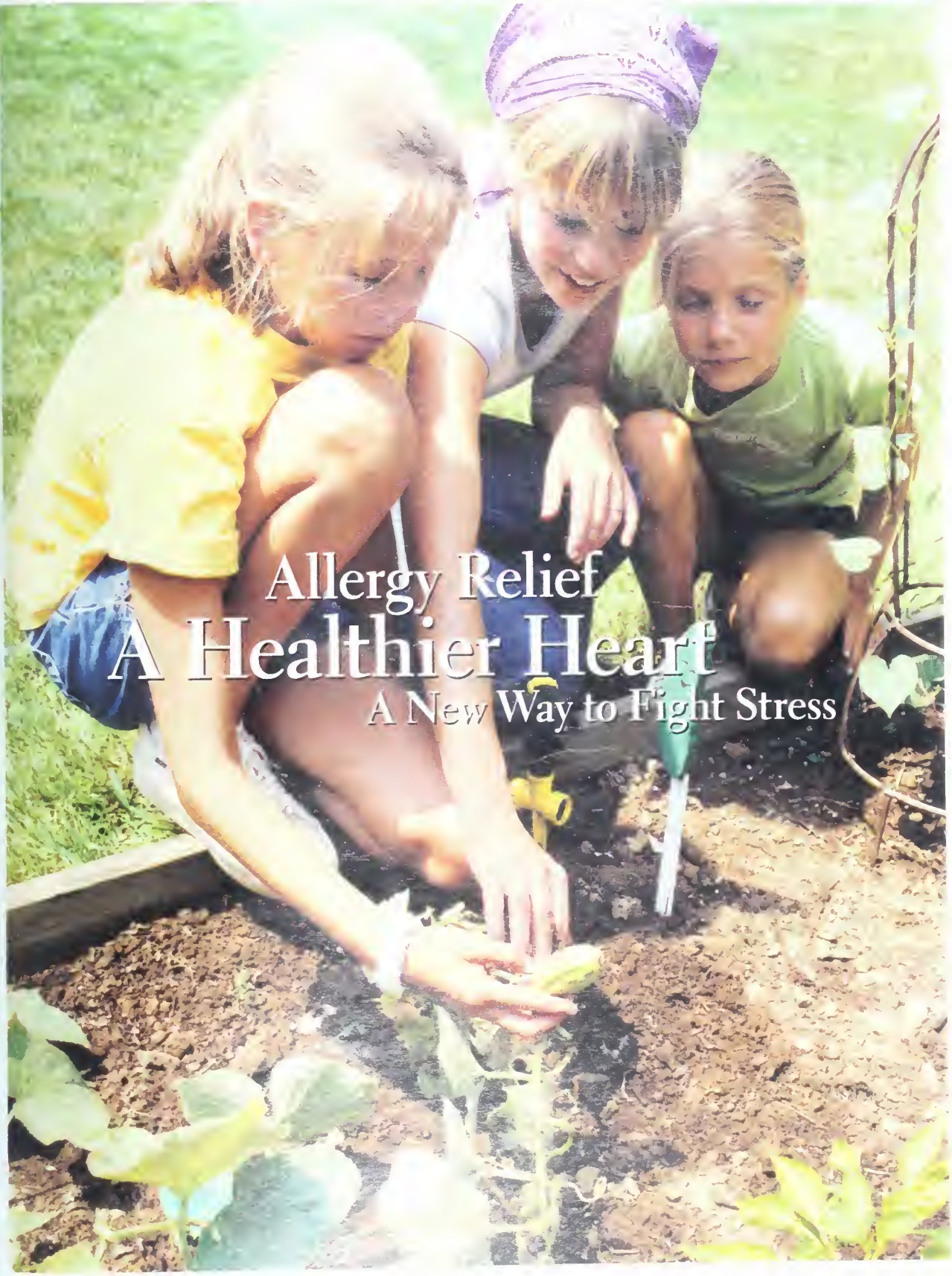
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Natural Relief for Allergy Sufferers

If you suffer from mold allergies, there may be a great green way to purify your air. English ivy can lower levels of airborne mold in a room within a few days, according to researchers at the Asthma, Allergy and Respiratory Care Medical Center, in Long Beach, California. "The ivy filters particles from the air through tiny openings in its leaves," says study coauthor Hilary Spyers-Duran, R.N. "Several six-inch pots or one half-gallon pot can improve air quality in average-size rooms." English ivy can be bought at nurseries or online for around $3 per plant. It's extremely adaptable and can thrive in direct sunlight or partial shade and in all types of soil. One important note: Leaves and berries can be toxic to small children and pets, so keep plants out of their reach. *—Alison O. White*

Nuts That Fight Cholesterol

Nuts and seeds are packed with protein and heart-helpful monounsaturated fats, and some varieties can even help lower cholesterol. Research has found that many nuts and seeds are full of phytosterols, plant compounds that help prevent the body from absorbing cholesterol from food. "Phytosterols work by interfering with cholesterol absorption in your diet," says Katherine M. Phillips, Ph.D., research scientist at Virginia Tech University, in Blacksburg, Virginia. Pistachio, almond and macadamia nuts, sesame seeds, and sunflower- and pumpkin-seed kernels have the highest levels of phytosterols. Since these foods tend to be high in fat and calories (just 1 ounce of macadamia nuts provides 203 calories and 21 grams of fat), a serving size is only a small handful. Other benefits of popular nuts and seeds include heart-healthy omega-3 fatty acids and vitamins C and E.

NUT/SEED	CALORIES PER OZ	HEALTH BENEFITS
Almonds*	163	Abundant in vitamin E; good for the heart.
Brazil Nuts	185	Rich in selenium, which may help prevent colon cancer.
Chestnuts	64	Plentiful in vitamin C, which may reduce blood pressure; lower in calories than other nuts.
Flaxseeds	138	Loaded with heart-healthy omega-3 fatty acids, which also may help relieve dry skin and psoriasis.
Macadamia Nuts*	203	Teeming with monounsaturated fat (17 grams per oz), which enhances heart health; it provides 15 percent of the RDA of thiamin, a B vitamin that helps convert carbs into energy.
Pistachios*	157	Great source of monounsaturated fat (7 grams per oz), which helps reduce LDL cholesterol.
Pumpkin Seeds*	153	Contain omega-6 fatty acids, which may boost memory function and improve cholesterol and heart health. Plentiful in zinc, iron and selenium, which may help reduce blood pressure.
Sesame Seeds*	162	Full of omega-6 fatty acids (see pumpkin seeds).
Sunflower Seeds*	161	Rich in vitamin E, the antioxidant may bolster the immune system.
Walnuts	175	Jam-packed with omega-6 fatty acids (see pumpkin seeds).

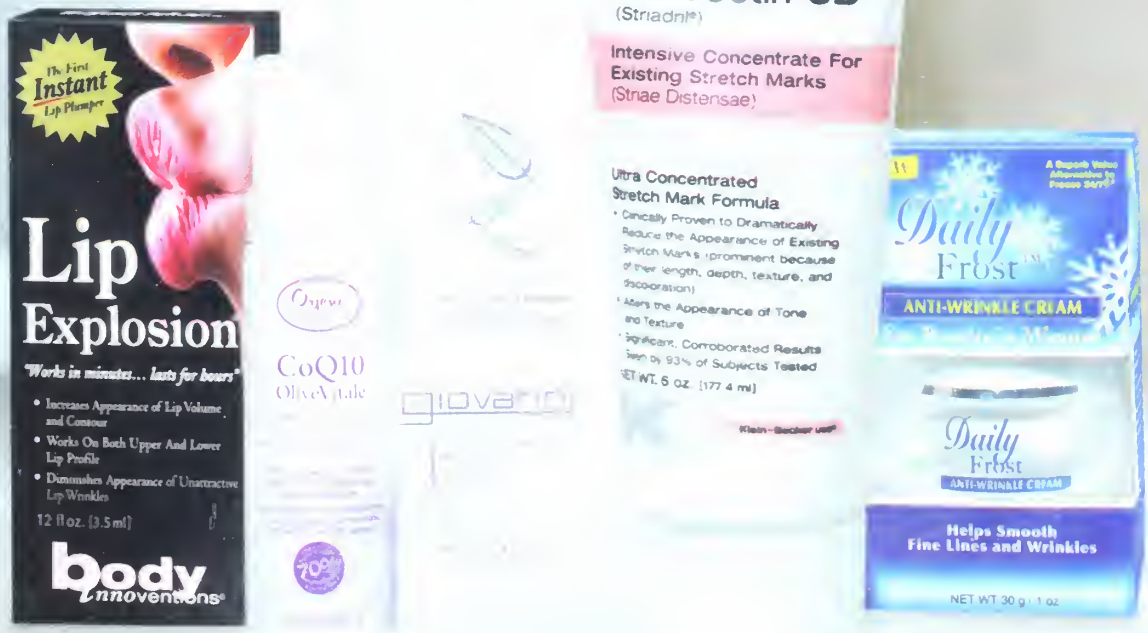
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Women's New Heart-Attack Risk



It's the ultimate nightmare scenario: You go to the doctor with symptoms of a heart problem. Your EKG or stress test shows possible trouble but when they take images of your heart, the vessels look clear. You go home, untreated. Later, you have a heart attack.

What you had was coronary microvascular syndrome (CMS), a women's heart-attack risk factor even doctors didn't understand fully until now. Up to 3 million women are estimated to have CMS—and they're at increased risk for major cardiovascular problems, according to just-released results from the Women's Ischemia Syndrome Evaluation (WISE), an ongoing 10-year research study by the National Heart Lung and Blood Institute (NHLBI). "In our study these women had major problems within three to five years," says C. Noel Bairey Merz, M.D., a cardiologist at Cedars-Sinai Medical Center, in Los Angeles. "They faced a risk two and a half times higher than normal, compared to women with traditional coronary artery blockages, whose risk was five times higher than normal."

CMS is more common in women than men and explains why so many women whose arteries look clear end up having heart attacks. "In women it may not be the big vessels, but the smaller vessels that do not dilate sufficiently," says Nieca Goldberg, M.D., chief of Women's Cardiac Care at Lenox Hill Hospital, in New York City, and author of *The Women's Healthy Heart Program*. In the form of coronary disease commonest in men, fatty material forms clumps that block big arteries, a problem clearly visible on an angiogram, the invasive X-ray test of the heart used for diagnosis. In CMS, the fatty material spreads evenly throughout the artery walls without forming clumps. Your angio looks clear, but your smaller blood vessels are "diseased and thickened," says Dr. Merz. "A normal response to going up a flight of stairs or to a stress test would be for the small arteries to dilate." With CMS, they don't expand and may even narrow. This starves the heart muscle of blood, a condition called ischemia, paving the way for major heart problems.

By Beryl Lieff Benderly

Until these new findings, a woman with a problem EKG or stress test but a clear angio would be told her other test results were "a false positive," says George Sopko, M.D., a cardiologist at NHLBI who works on WISE. Result: The woman might get no treatment. Now a clear angio isn't necessarily a clean bill of health. Doctors should order such tests as a coronary MRI or a provocative angiogram, which measures how the arteries respond to chemicals, says Dr. Merz.

Researchers don't yet know which treatments work best for CMS-caused ischemia. Options include beta-blockers, nitrates, statins, other cholesterol-lowering drugs and exercise. Women should get ongoing monitoring, and treatment should bring pain relief and better results on subsequent stress tests. Ask your doctor about CMS if your heart-disease risk is high—you can assess it with the new American Heart Association interactive checkup at *www.goredforwomen.org*.

THE DANGER SIGNALS

If you have the following symptoms for more than 5 seconds or in response to exercise or stress, see your doctor now

- **PAIN OR PRESSURE IN THE UPPER CHEST** or upper [illegible] or arm or shoulder discomfort
- **UNUSUAL FATIGUE AND SHORTNESS OF BREATH** from [illegible], such as climbing stairs
- **BREATHING DISCOMFORT** in the center of the chest that [illegible] shoulders or neck. This is the "classic" male [illegible] but women do get it, says Dr. Sopko of the NHLBI

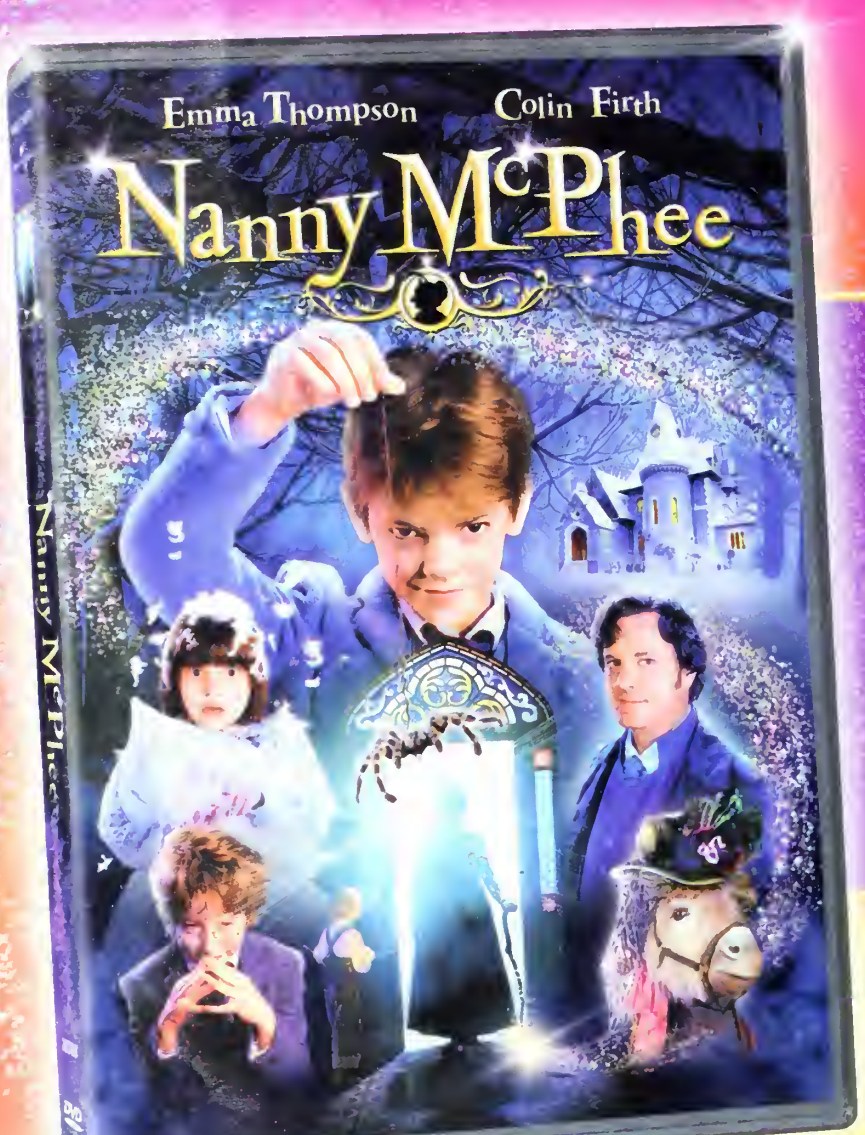
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Doctors are only now taking stress seriously as a health threat in its own right. Here, a look at the profound change in the approach to a cure

This Is Your Body On Stress

"It's probably just stress." How many times have you heard those words from your doctor—or uttered them yourself—as you complained about the latest ache in your shoulder or pain in your stomach? Before you write it off as just stress, think again. Stress isn't something to be ignored. It's a whole-body experience that, if left unchecked and untreated, can make you old before your time. No body part is spared. From your brain and heart to your muscles and immune system, stress can affect every part of you, leaving you vulnerable to pain, illness and disease. Stress-related complaints account for at least three-quarters of office visits to doctors, and more than 40 percent of all adults suffer health problems as a result of stress. But research shows that stress affects men and women differently—not just physically, but in the way they cope CONTINUED

By TARA PARKER-POPE

Illustrations by STUART BRIERS

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STRESS SPOT: YOUR HEART

STRESS RESPONSE #1: Rapid release of glucose and fatty acids into the bloodstream gives you a burst of energy. But if your muscles don't use that glucose to run from danger, chronic stress can leave you with blood sugar levels that are elevated or fluctuating out of control.

DAMAGE ALERT:

- Blood sugar swings can leave you tired and worsen diabetes, if you have it.
- High bloodstream levels of glucose and fatty acids also increase the risk of cardiovascular disease.
- Stress prompts the body to release cortisol, which makes the arteries more vulnerable to the buildup of cholesterol. This may explain why some studies have found a link between stress and high cholesterol.
- There's growing evidence that stress increases the risk of developing metabolic syndrome, a cluster of conditions that include collecting fat around the waistline, high blood sugar, high blood pressure and high triglyceride levels. Possible result: cardiovascular disease.

STRESS RESPONSE #2: An increase in heart rate, blood pressure and breathing delivers more oxygen faster throughout your body. These physiological changes help your body react with strength and stamina during an emergency.



DAMAGE ALERT:

- Chronic stress can mean lasting high blood pressure and a lot more wear and tear on the heart. One study showed that male government workers in London with stressful jobs for more than 14 years were almost twice as likely to have high blood pressure, high cholesterol and insulin intolerance compared with workers who weren't exposed to stress. The most stressed-out workers? Those with demanding jobs who had very little control over how they spent their day.
- Even short-term, intense stress poses a risk. One Swedish study showed that people under intense but short-term deadline pressure are at six times higher risk of heart attack in the following 24 hours.

with it. A poll by the American Academy of Family Physicians, based in Leawood, Kansas, showed that 42 percent of women regularly fail to manage their stress, compared with 31 percent of men.

So why don't we take stress more seriously? Probably because people think of stress as an emotional state. They don't realize that this emotional response triggers a cascade of physical changes. Of course, a little stress isn't always bad. The pressure of a job deadline can inspire a burst of creativity; the adrenaline triggered during an emergency can help us think clearly and act quickly. But the daily, unrelenting stress that many people experience—bills, work, unruly kids—can be remarkably hard on the body. When daily life means your internal stress switch gets stuck in the "on" position, stress can start to take an exacting toll on virtually every body part.

It's not just high blood pressure or heart attacks. Stress can give you headaches, back pain, indigestion, depression, diabetes and sleep problems. Stress can make you fat, cause your hair to fall out and ruin your sex life. It wears on your heart, your memory and your immune system and may even give a boost to those rogue cells that can eventually lead to cancer. "Stress isn't a single experience," says Bruce S. McEwen, professor of neuroendocrinology at Rockefeller University, in New York City, and author of *The End of Stress as We Know It*. "It can have a cascading effect that affects your whole lifestyle."

It's impossible to predict exactly how stress will take its toll and where you will feel it most. Some people tense up and feel aches in their muscles; others get headaches or tightness in the chest. How your body responds to stress is determined by genetics, your lifestyle and even your earliest life experiences (childhood trauma and emotional distress can make you CONTINUED

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more vulnerable to stress as an adult. Whether you have power and control at work, close friendships and a good marriage also play a role.

Visible physical reactions are only the most obvious signs. Inside the body, stress triggers changes that can take years to show up. "Stress definitely takes a quiet toll," says Robert Sapolsky, Ph.D., a neuroendocrinologist at Stanford University, in California, and one of the nation's leading stress researchers.

THE EARLY-AGING EFFECT

That toll can make your body age more quickly than it should. Increasingly, medical researchers are viewing our ability to cope with stress as one of the most important factors for predicting how well the heart, brain and other organs withstand wear and tear.

There's telling evidence of how this process works from the Nun Study, ongoing research from the University of Kentucky, in Lexington, that has followed the lives of 678 nuns from the School Sisters of Notre Dame in seven religious communities across the United States. Since the study started, in 1990, nuns who have demonstrated optimism, a positive attitude, adaptability and a sense of humor all have aged better than nuns without those personality traits. The women have led remarkably similar lives—eating the same foods, living in the same places and interacting with the same people. Researchers say the more positive nuns may have developed more effective coping strategies that stressed their bodies less, allowing them to lead more energetic lives—and to live more than 10 years longer.

But just because you're feeling stressed out now doesn't mean you're destined for premature aging. Understanding the stress effect gives you more opportunities to manage it before it does any real harm. And because stress affects so much of the body, there's a big payoff once you learn how to deal with it.

THE RIGHT WAY TO MANAGE STRESS

Most of us just treat the symptoms—taking an aspirin for a headache or a sleep aid for insomnia—without focusing on the underlying cause. And even when we do try to relieve the source of our stress, it's usually too little too late: taking a weekend off or squeezing in a brief vacation. What you need is a whole-body approach, but it has to be the right approach, one that has an impact on your actual, everyday life.

Think of it this way: One week away won't help your stress the other 51 weeks a year. Stress is in your life every day, doing its damage. Stress management works only if you make it a daily part of your health routine, like brushing your teeth and getting enough sleep. The best starting point is to take care of yourself. Get used to the idea that everyday stress is inevitable and what matters is how you respond to it. Part of that is mental—you need to be on top of how you respond to the stressors life hits you with. The rest is physical. A healthy body can weather the ravages of stress better than an unhealthy one. Stress-proof your body by eating the right foods, getting enough sleep and exercising. Some strategies that can help:

• **Pay attention to your aches and pains.** They're early warning signs. One of the first places stress shows up is in CONTINUED

STRESS SPOT: YOUR IMMUNE SYSTEM

STRESS RESPONSE: Stress hormones help shut down body functions that aren't needed in an emergency, including your immune system. An alternate theory proposes that your immune system first goes into overdrive, then shuts down. Either way, you're at risk. As Robert Sapolsky, Ph.D., of Stanford University, notes, the body essentially turns off its long-term building "projects" so it can put all its energy and resources into dealing with the immediate crisis.

DAMAGE ALERT:

• Ideally, these functions are shut down just long enough for you to get out of immediate danger. When the stress hormones keep coming, your immune response and other functions suffer.

• When researchers injected a cold virus into 394 volunteers, those who reported having very little stress in their lives had such supercharged immune systems that they were half as likely to get sick as volunteers who described having high stress levels.



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STRESS SPOT: YOUR WAISTLINE

STRESS RESPONSE: There's growing evidence that chronic stress can make you thick around the middle—both heavier in general and more likely to accumulate dangerous abdominal fat. The stress hormone cortisol causes fat to be stored around the abdomen. Stress hormones also play a role in certain medical conditions that cause weight gain, such as night-eating syndrome (binge eating in the middle of the night). However, short-term overeating may result in a temporary lowering of stress hormones.

DAMAGE ALERT:

• The stress response of accumulating fat at the abdomen, rather than at the hips, is linked to heart disease. One study comparing women who stored fat at the waist to pear-shaped women who stored fat at the hips found that women with abdominal fat consistently secreted more cortisol in response to stressful lab tasks than women with hip fat.

• The above study also suggests that women who tend to accumulate abdominal fat should make an extra effort to manage stress since their body shape shows that their physical response to it is stronger.

• Stress-induced weight gain takes a significant long-term toll on the body and adds to your overall stress load. Animal research suggests that stress may trigger the brain's reward center, causing us to seek out better-tasting "comfort foods"—and that the weight we gain eating them may cause stress hormones to drop. This information comes from a series of studies in which stressed-out rats posted higher levels of corticosterone (the rat equivalent of cortisol), ate more and got fatter around the belly. But then something surprising happened. Once the rats started getting fat, their stress hormone levels dropped. The results suggest that overeating may be a coping mechanism to help lower the body's stress level, notes Mary Dallman, Ph.D., professor of physiology at the University of California, San Francisco, and lead author of the studies. The problem is that even though the eating makes you feel better and appears to solve the cortisol problem, being overweight is itself a form of stress on the body.



the shoulders and the back of the head. That telltale tightness is your body telling you to take action and find an outlet for your stress before it has time to do even more damage.

• **Stay close to friends and family.** Stress releases oxytocin, the bonding hormone that's also produced when mothers breastfeed their babies. (Men produce this hormone, too, but while a woman's estrogen enhances the effects of oxytocin, a man's testosterone inhibits it.) Stress causes the release of this "tend and befriend" hormone—triggering a desire to pull children and friends close. This closeness in turn releases more oxytocin, which actually helps dampen stress hormones. In fact, studies show that breast cancer patients who join support groups have lower levels of stress hormones. Therefore, when you're stressed out, use women's secret weapon against stress: Call your mom, call a friend or have some fun with your kids. Stress levels drop when you like the company you're keeping.

• **Choose the right exercise.** The body's stress response evolved to help us fight off a threat or run away from danger. Under stress your body sends a spurt of glucose to your muscles to give you a burst of speed and strength. There's also a shutdown mechanism: Once you actually escaped from a predator, you would stop running. Your body would interpret that as "the threat is gone" and shut down the stress response.

That's why exercise still helps relieve stress. First exercising—then stopping—mimics this energy spurt/shutdown reaction. Your body doesn't know that the stress you're trying to escape is an annoying boss or a family crisis. It just processes the fact that you've responded, then relaxed. It doesn't take much. A quick CONTINUED

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walk. 10 minutes on the treadmill or a game of tug with the family beagle usually is enough to release your stress and turn down the stress response.

Make sure you pick an exercise you like. If you loathe slogging away on a treadmill, the activity may actually add to your stress. Something to think about as you devise your mini-escape from the rat race: In actual rodent studies, animals forced to exercise show a surge in stress hormones, while rodents allowed to trot freely on the exercise wheel when they want to have lower levels of stress hormones.

• **Try to gain a sense of control over something.** Workers who have little control over their day have more workplace stress than managers with power. While you may not be able to change your job, it still helps to find control where you can. Volunteer for projects at work that interest you. Restore order to a messy kitchen drawer.

• **Laugh it up.** You wouldn't think that time in front of the tube would do much for your health, but studies show that half an hour to an hour of nightly television comedy can be a medical plus.

In an Indiana study, women cancer patients who watched a funny Bill Cosby video had lower stress hormones and higher natural "killer" cell activity (killer cells attack viruses and cancers) than women who watched a tourism video. Laughter pushes cortisol levels down and increases killer cell levels. A California study found similar results comparing those who read with those who watched a funny TV show. Some of the immune-boosting effects of laughter lasted as long as 12 hours after the show had ended.

In another study, diabetic patients who had suffered a heart attack were "prescribed" a nightly 30-minute regimen of TV comedy. After a year they showed drops in blood pressure, used less medication for chest pain and had 80 percent fewer heart attacks than a control group that didn't regularly watch funny television.

• **Cuddle your kids.** This will make you feel better, but that's not all. It's stress innoculation. Whether a child grows up in a stable, loving home or a stressful environment has a huge impact on his or her ability to cope with stress as an adult.

• **If self-help doesn't help, consult a professional.** Though no one can eliminate everything that stresses her, you can try to control the emotional reactions that turn on your stress response. It's not easy, needless to say. Some people benefit from therapy that teaches stress-coping skills. Learning meditation is another way to build calmness into your life. Ask your primary care doctor for advice on finding experts who can help.

STRESS SPOT: YOUR BRAIN

STRESS RESPONSE: Short-term stress gives the brain a boost. A burst of glucose is sent to the brain; senses are sharpened and memory improves. That's why many people feel they thrive on stress and produce their best work on a deadline. But if stress lasts more than half an hour or so, the body decides that you probably need more brawn than brain. Result: It diverts all that glucose back to the muscles, leaving your brain short of glucose. Meantime, stress hormones also impair neuron functioning in the brain. Ultimately, losing neurons means a smaller hippocampus, the part of the brain associated with learning and memory. How this affects your overall health isn't clear, but it's ominous. A shrinking hippocampus isn't good. It happens after a stroke and years of depression. It's also a sign of Alzheimer's disease.

DAMAGE ALERT:

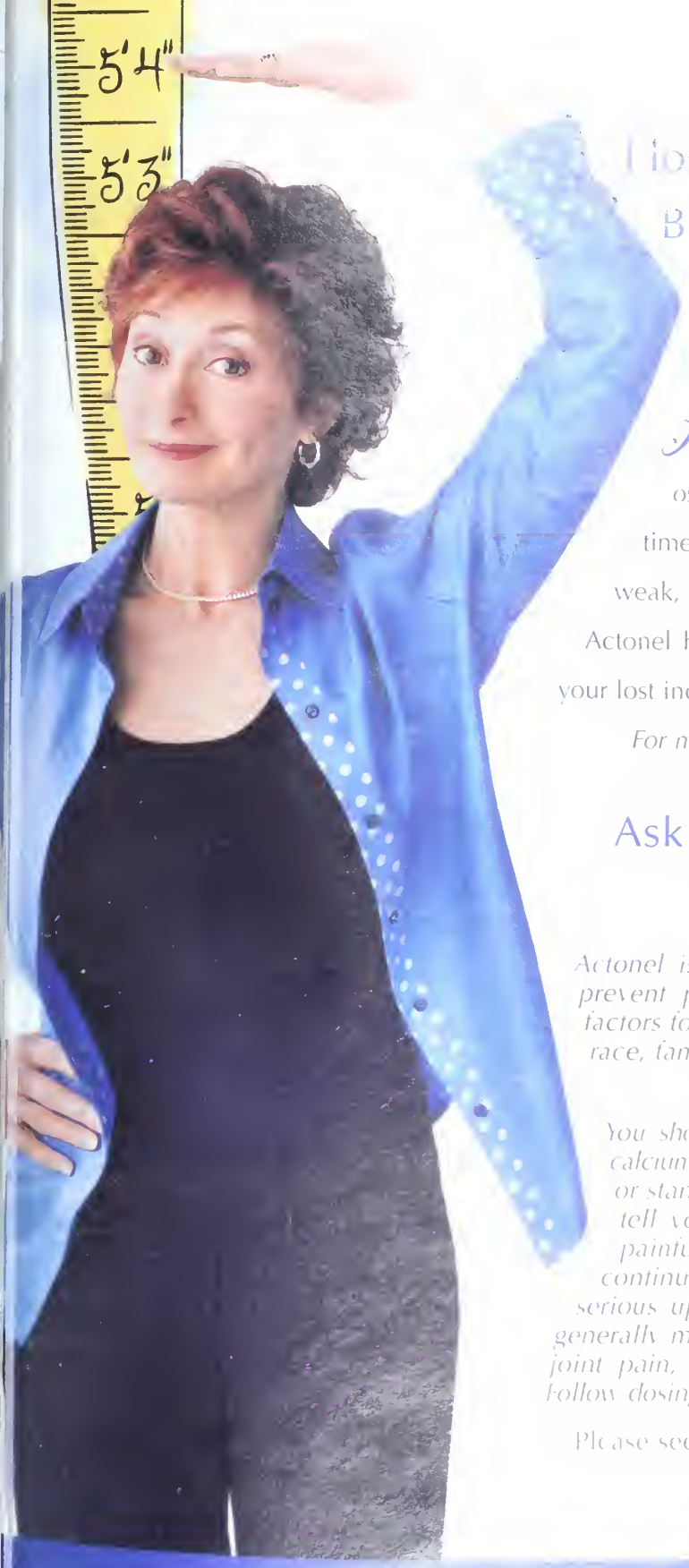
• Fluctuating stress hormones and impaired neurons in the hippocampus help explain why we aren't as sharp during highly stressful times, such as a divorce or family illness. Stress makes you forgetful and muddles your thinking.

• The inability to sleep, another by-product of stress, can exacerbate stress-related memory problems. "Even daily events like eating a bunch of fat-rich French fries or not having enough sleep or a bad day at the office—it all leads to a cumulative effect on the body," says Bruce McEwen, Ph.D., of Rockefeller University, in New York City.



For strategies on how to stay in optimal health, visit www.lhj.com/realhumans

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Oh, no! I lost an inch to osteoporosis.

But now I'm fighting back with Actonel.

After menopause, shrinking can be a sign of osteoporosis, the result of tiny fractures over time. With osteoporosis, bones can become weak, brittle, and more likely to fracture. But Actonel helps protect your bones. It won't get back your lost inch, but it will help fight fracture.

For more information, visit Actonel.com.

Ask your doctor if Actonel is right for you.

Actonel is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian or Asian race, family history, small frame or smoking.

You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

Please see important information about Actonel on the following page.

ctonel.com
877-Actonel

Help fight fracture. **Actonel**
(risedronate sodium tablets)

Patient Information: ACTONEL (AK-toh-nel) Tablets

Actonel (risedronate sodium) tablets 5 mg and Actonel (risedronate sodium) tablets 35 mg for Osteoporosis

Read this information carefully, before you start to use your medicine. Read the information you get each time you get more medicine. There may be new information. This information does not take the place of talking with your health care provider about your medical condition or your treatment. If you have any questions or are not sure about something, ask your health care provider or pharmacist.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in your stomach and esophagus (the tube that connects the mouth and the stomach), such as trouble swallowing (dysphagia), heartburn (esophagitis), and ulcers. You might feel pain in your bones, joints, or muscles. (See "What are the Possible Side Effects of ACTONEL?")

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects. (See "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used

- to prevent and treat osteoporosis in postmenopausal women (See "What is Osteoporosis?").
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone
- to treat Paget's disease of bone (osteitis deformans). The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease. If you have Paget's disease, ask your health care provider how to use ACTONEL.

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone mass in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your health care provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for 30 minutes
- have kidneys that work poorly
- have an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. (See the end of this leaflet for a list of all the ingredients in ACTONEL)

Tell your doctor before using ACTONEL if:

- you are pregnant or may become pregnant. We do not know if ACTONEL can harm your unborn child.
- you are breast-feeding or plan to breast-feed. We do not know if ACTONEL can pass through your milk and if it can harm your baby.
- you have kidney problems. ACTONEL may not be right for you.

Tell your health care providers that you are taking ACTONEL:

Many people have more than one health care provider who prescribes medicine or provides treatments. Be sure to tell all of your health care providers about the medicines that you take, including ACTONEL.

How should I take ACTONEL?

The following instructions are for both ACTONEL 5-mg (daily) and ACTONEL 35-mg (Once-a-Week):

- Take ACTONEL first thing in the morning before you eat or drink anything except plain water.
- Take ACTONEL while you are sitting or standing up.
- Take ACTONEL with 6 to 8 ounces (about 1 cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with coffee, tea, juice, milk, or other dairy drinks.
- Swallow ACTONEL whole. Do not chew the tablet or keep it in your mouth to melt or dissolve.
- After taking ACTONEL you must wait at least 30 minutes **BEFORE**
  - lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
  - eating or drinking anything except plain water.
  - you take vitamins, calcium, or antacids. Take vitamins, calcium, and antacids at a different time of the day from when you take ACTONEL.
- Keep taking ACTONEL for as long as your health care provider tells you.
- For ACTONEL to treat your osteoporosis or keep you from getting osteoporosis, you have to take it as often and in the way it is prescribed.
- Your health care provider may tell you to take calcium and vitamin D supplements and to exercise.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5-mg daily (a yellow tablet)**:

- Take 1 ACTONEL 5-mg tablet every day in the morning.
- If you forget to take your ACTONEL 5-mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 5-mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35-mg Once-a-Week (an orange tablet)**:

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35-mg. Every week, take 1 ACTONEL 35-mg tablet in the morning on your chosen day.
- If you forget to take your ACTONEL 35-mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35-mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take the following products at or near the time you take ACTONEL: food, milk, calcium supplements, or calcium-, aluminum-, or magnesium-containing medicines, such as antacids (See "How should I take ACTONEL?").

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your health care provider right away if:

- **swallowing is difficult or painful**
- **you have chest pain**
- **you have very bad heartburn or it doesn't get better**

ACTONEL may cause:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach and esophagus (the tube that connects the mouth and the stomach)
- pain in bones, joints or muscles, sometimes severe. Pain may start as soon as one day or up to several months after starting ACTONEL.

For patients with osteoporosis, the overall occurrence of side effects with ACTONEL was similar to placebo (sugar pill) and most were either mild or moderate. The most common side effects with ACTONEL include back pain, joint pain, upset stomach, abdominal (stomach area) pain, constipation, diarrhea, gas, and headache. Tell your health care provider if you have pain or discomfort in your stomach or esophagus. Rarely, severe skin reactions may occur. Patients may get allergic reactions such as rash, hives, or in rare cases, swelling that can be of the face, lips, tongue, or throat, which may cause trouble breathing or swallowing.

These are not all the possible side effects of ACTONEL. You can ask your health care provider or pharmacist about other side effects. Any time you have a medical problem you think may be from ACTONEL, talk to your doctor.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body-your heart, brain, or skin, for example. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common, especially in older women. However, young people and men can develop osteoporosis, too. Osteoporosis can be prevented, and with proper therapy can be treated.

How can osteoporosis affect me?

- You may not have any pain or other symptoms when osteoporosis begins.
- You are more likely to break (fracture) a bone especially if you fall because osteoporosis makes your bones weak. You are most likely to break a bone in your back (spine), wrist, or hip.
- You may "shrink" (get shorter).
- You may get a "hump" (curve) in your back.
- You may have bad back pain that makes you stop some activities.

Who is at risk for osteoporosis?

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis.

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone or other corticosteroids) for a long time

General information about ACTONEL:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ACTONEL for a condition for which it was not prescribed. Do not give ACTONEL to other people, even if they have the same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your health care provider or pharmacist. They can give you information written for health care professionals. For more information, call 1-877-**ACTONEL** (toll-free) or visit www.actonel.com for Full Prescribing Information.

What are the ingredients of ACTONEL?

ACTONEL (active ingredient): risedronate sodium.

ACTONEL (inactive ingredients): crospovidone, ferric oxide red (35-mg tablets only), ferric oxide yellow, hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.

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and
Aventis Pharmaceuticals Inc., Kansas City, MO 64137
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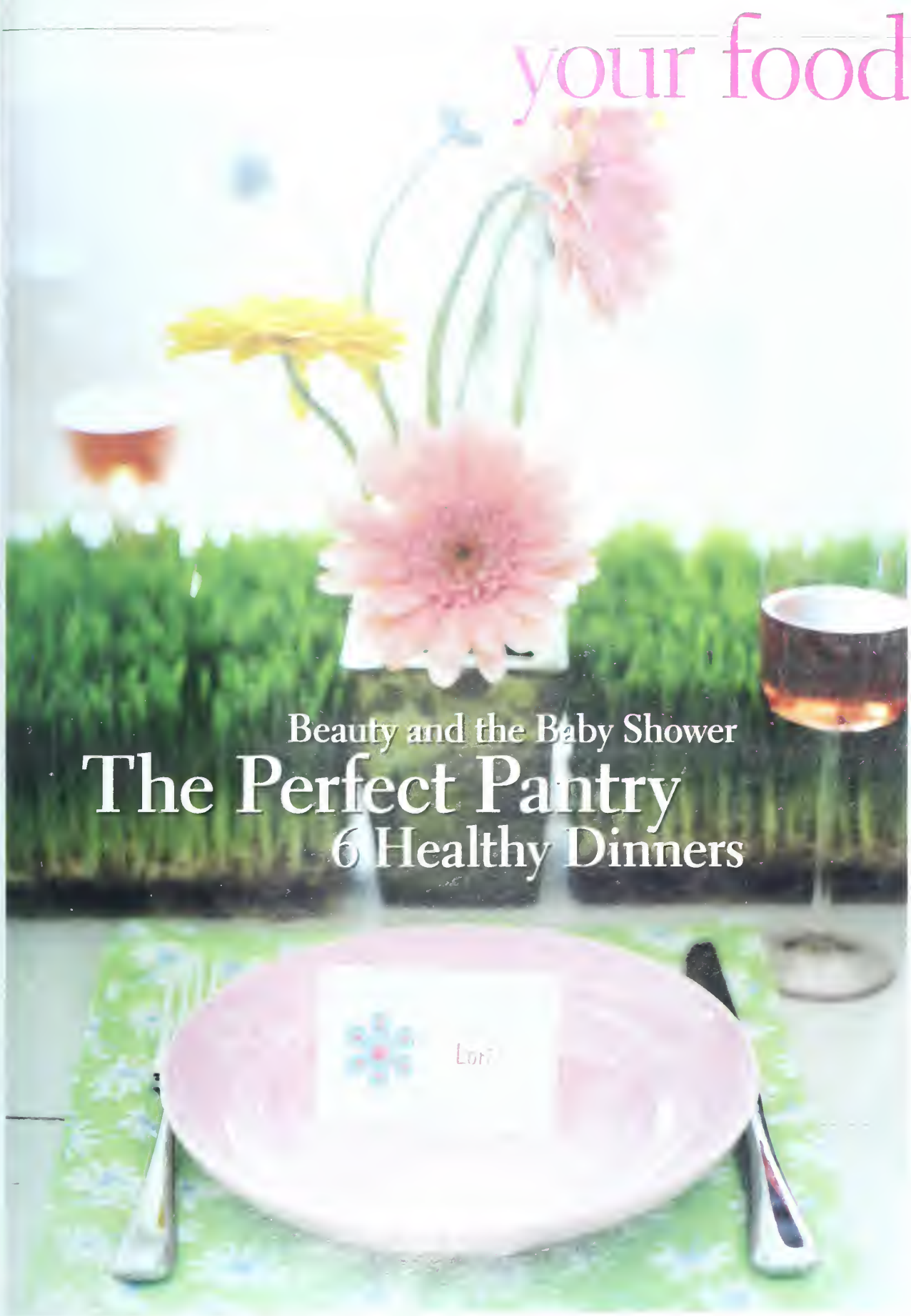
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Flower Power

Celebrate blooms-to-be with these delicate and delicious springtime delights





There's a special sweetness to baby showers, occasions when friends and family can share in the dreamy excitement of expectant mothers. Tender laughter peals around the table, along with the enjoyment of an easy yet delectable meal. Since it's a time to celebrate new beginnings, the recipes on these pages feature spring vegetables such as shiitake mushrooms, sugar snap peas, scallions, new potatoes and zucchini. Moreover, the jam-filled cakes that end the meal and the party décor revolve around fresh colorful flowers—another way to cherish a life unfolding.

Sugar Snap Peas with Radishes and Chive Cream Cheese

SERVES 8

Prep time: 30 min **Total time:** 30 min

- ¼ lb sugar snap peas
- 12 small to medium radishes
- ½ cup chilled whipped cream cheese
- 1 tablespoon well-drained bottled horseradish
- 1 tablespoon well-drained bottled pickled ginger, finely chopped
- 2 tablespoons finely chopped fresh chives, plus whole chives for garnish

◆ Bring a 2½ quart sauce pot of water to boil. Add salt and peas; blanch until just crisp tender, about 1 minute. Drain in a colander and transfer peas to a bowl of ice and cold water to stop cooking. Drain and pat dry. Cut a lengthwise slit along the inside curve of each pea to create a pocket for filling. Trim lengthwise along the outside curve of pea to create a flat surface so that pea will stand up once filled. Trim radishes and halve lengthwise.

◆ Whisk together cream cheese, horseradish and ginger in a bowl; salt and pepper to taste. Stir in chopped chives. Spoon into a small heavy duty resealable sandwich bag and snip end. CONTINUED



Gerber daisies springing up from trays of wheatgrass, available at farmers' markets, make a beautiful centerpiece. Flowers decorating place settings and invitation complete the theme.

to form a small hole. Pipe cream cheese mixture into opening of each pea and transfer to a serving platter. Pipe cream cheese mixture in a decorative pattern on cut side of radishes. Transfer to platter and garnish with whole chives.

Per serving: 60 calories, 5 g total fat, 3.5 g sat fat, 65 mg sodium, 3 g carbs, 25 mg calcium, 15 mg chol, 1 g protein, 1 g fiber



Sugar Snap Peas and Radishes With Horseradish-Chive Cream Cheese

Floral Spring Salad With Herbed Dressing

SERVES 8
Prep time: 20 min
Total time: 20 min

- 1 cup mayonnaise
- ½ cup reduced-fat sour cream
- ½ cup chopped scallion, green part only
- 2 tablespoons chopped fresh tarragon
- 4 anchovy fillets packed in oil, drained and chopped
- 2 tablespoons drained capers
- 2 tablespoons fresh lemon juice, or to taste
- 4 heads assorted lettuce, such as red leaf, Boston and Bibb, leaves separated

◆ For salad dressing, pulse together mayonnaise, sour cream, scallion, tarragon, anchovies, capers and juice in a food processor until smooth and pale green. Transfer to a small pitcher; salt and pepper to taste. Keep dressing chilled, covered, until ready to serve. The recipe makes more dressing than you will need for the salad.
◆ Decoratively arrange lettuce leaves in a large serving bowl, standing them up to form a flower (see photo, center). Keep chilled, loosely covered with a damp paper towel, until ready to serve. Serve salad with dressing on the side.

Per serving: 145 calories, 2.5 g total fat, 2.5 g sat fat, 181 mg sodium, 7 g carbs, 133 mg calcium, 12 mg chol, 3 g protein, 2 g fiber



Sticky Broiled Salmon With Shiitake and Cashews

SERVES 10
Prep time: 40 min **Total time:** 50 min

- ⅓ cup seasoned rice vinegar
- 8 tablespoons vegetable oil, plus additional for pan
- ½ cup Dijon mustard
- ¼ cup honey
- 1 tablespoon reduced-sodium soy sauce
- 3 garlic cloves, minced
- ¾ lb fresh shiitake mushrooms, stems discarded and tops cut into ¼-inch-thick slices
- ½ cup salted roasted cashews, coarsely chopped
- 1 (3¼ lbs) whole salmon fillet with skin, small bones removed with tweezers
- 2 tablespoons fresh cilantro leaves, for garnish

◆ Whisk together vinegar, 7 tablespoons oil, the mustard, honey and soy sauce in a bowl until combined well; transfer ¾ cup to a bowl for sauce. Whisk garlic into remaining mustard mixture for glaze.
◆ Heat ½ tablespoon oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add half of mushrooms and cook, stirring, until golden brown and crispy, about 6 minutes; transfer to a bowl. Repeat with remaining ½ tablespoon oil and the mushrooms. Transfer to CONTINUED

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Glazed Broiled Salmon With Shiitake and Cashews

bowl and toss with cashews; salt and pepper to taste.

◆ Preheat broiler. Lightly oil a baking pan. Rinse salmon and pat dry. Arrange, skin side down, on prepared pan. Spread glaze over salmon and broil 4 inches from heat until golden brown and just cooked through, about 10 minutes. If salmon browns too quickly, lower rack and continue to broil.

◆ Using 2 large spatulas, transfer to a serving platter, top with mushroom mixture and garnish with cilantro leaves. Serve with sauce on the side.

Per serving: 435 calories, 29 g total fat, 5 g sat fat, 626 mg sodium, 12 g carbs, 22 mg calcium, 80 mg chol, 29 g protein, 1 g fiber

SERVES 8

Prep time: 20 min **Total time:** 35 min

4 lbs small (1½ inches in diameter) red and white new potatoes
4 tablespoons unsalted butter, cut into pieces
3 tablespoons coarsely chopped fresh dill

◆ Place potatoes in a 4-quart pot, cover with cold water by 2 inches and bring to a boil. Add salt and simmer until potatoes are tender, about 20 minutes.

Drain in a colander and return potatoes to pot. Add butter and melt over moderate heat, stirring until potatoes are coated. Season with salt and pepper; toss gently with dill. Transfer to a serving bowl and serve warm.

Per serving: 215 calories, 6 g total fat, 3.5 g sat fat, 15 mg sodium, 36 g carbs, 25 mg calcium, 16 mg chol, 4 g protein, 4 g fiber

Sesame Zucchini Ribbons

SERVES 8

Prep time: 15 min

Total time: 35 min

1½ lbs green zucchini
1½ lbs yellow squash
2 tablespoons vegetable oil
3 tablespoons fresh lime juice
1 tablespoon sesame oil

◆ Using a peeler, cut zucchini and squash lengthwise to form ribbons (see "Peelers With Real Punch," below), discarding inner seeded core of squash.

◆ Heat 1 tablespoon vegetable oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add half of zucchini and squash ribbons; cook, tossing with tongs, 1 minute. Transfer to a colander set over a bowl. Repeat with remaining 1 tablespoon vegetable oil and the ribbons. Let stand in colander 20 minutes to drain; transfer to serving bowl. Toss with juice

CONTINUED



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Where to Find It page 222



and sesame oil; salt and pepper to taste.

Per serving: 65 calories, 5.5 g total fat, 0.5 g sat fat, 3 mg sodium, 4 g carbs, 21 mg calcium, 0 chol, 1 g protein, 1 g fiber

SERVES 24

Prep time: 30 min

Total time: 40 min

- 2 cups confectioners' sugar
- 3 to 4 tablespoons fresh lemon juice
- 2 purchased frozen pound cakes, thawed
- ½ cup strawberry jam
- 24 nontoxic edible sugared flours

◆ Whisk together sugar and 3 tablespoons juice until smooth and just thin enough to spoon over cakes to form a glaze. If icing is too thick, whisk in enough of remaining 1 tablespoon juice to desired consistency. Keep surface covered with plastic wrap at room temperature while assembling cakes.

◆ Using a serrated knife, trim off top of each pound cake to flatten, then horizontally cut cakes into thirds. Place slices on a cutting board and, using a 1½-inch fluted biscuit cutter, cut out 48 rounds. Spoon about 1 teaspoon jam on each of 24 rounds, spreading to cover cake. Top with remaining 24 rounds.

◆ Arrange cakes on a rack placed over a piece of waxed paper to catch any drips. Spoon icing over cakes, allowing it to drip down sides. Let cakes stand until frosting sets, about 10 minutes. Carefully transfer cakes to a serving platter and top each with a sugared flower.

Per cake: 175 calories, 6 g total fat, 3.5 g sat fat, 107 mg sodium, 29 g carbs, 9 mg calcium, 32 mg chol, 2 g protein, 0 fiber



Warm New Potatoes With Herbed Butter (top) and Sesame Zucchini Ribbons



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- ✓ One 3-oz serving of lean beef has just one more gram of saturated fat than a 3-oz serving of skinless chicken breast and yet has **eight times more vitamin B_{12}, six times more zinc, and three times more iron.**
- ✓ A 3-oz serving of lean beef contributes less than 10% of the calories in a 2,000-calorie diet, yet it is an **excellent source of protein, zinc, vitamin B_{12}, selenium and phosphorus and a good source of four essential nutrients** you need every day — **niacin, vitamin B_6, iron and riboflavin**
- ✓ There are **29 cuts of beef** that meet the government's guidelines for lean.

The Healthy Beef Cookbook is available wherever books are sold. It shows you how to bring great taste and nutrition together every day by featuring the 29 lean cuts.

Enter today for your chance to win!

Now that you know how nutritious beef really is, try your luck in winning a membership to a health club in your area to have everything you need to stay healthy — a nutritious diet and an active lifestyle! Go to www.LHJ.com/beefsmarts or send a postcard with your name, address and phone number to:

"Lean Beef Smarts" Sweepstakes
Ladies' Home Journal
125 Park Avenue, 18th Floor
New York, NY 10017

One Grand Prize winner will receive a $1,000 gift certificate to a health club!

[illegible] No purchase necessary to enter or win. To enter, visit www.LHJ.com/beefsmarts or send [illegible] number and email address (optional) to: "Lean Beef Smarts," Ladies' Home Journal®, 125 [illegible] New York, NY 10017. The "Lean Beef Smarts" Sweepstakes begins 4/1/06 and ends 6/30/06. Entries must be received [illegible] 7/1/06. Open to legal residents of the 50 United States, including [illegible] 21 years of age. One entry per household. Void where prohibited. Operator: Meredith Corporation.

[illegible] with watering recipes, cookery and nutrition information and [illegible] frequently asked questions related to beef, including beef buying and [illegible] advertising and the latest beef-related news topics. To thoroughly [illegible] of beef [illegible] it www.BeefItsWhatsForDinner.com

Tenderloin, Cranberry & Fe Salad



Recipe and photos as seen in *The Healthy Be Cookbook* published by John Wiley & Sons

Total preparation and cooking t[illegible]
25 Minutes
Makes 4 servings

INGREDIENTS

- 4 beef tenderloin steaks, cut ¾ inch thick (4 ounces each)
- ½ teaspoon coarse grind black pepper
- 1 package (5 ounces) mixed baby salad greens
- 1 medium red or green pear, cored, cut into 16 wedges
- ¼ cup dried cranberries
- Salt
- ¼ cup coarsely chopped pecans, toasted
- ¼ cup crumbled goat cheese (optional)

HONEY MUSTARD DRESSING

- ½ cup prepared honey mustard
- 2-3 tablespoons water
- 1-½ teaspoons olive oil
- 1 teaspoon white wine vinegar
- ¼ teaspoon coarse grind black pepper
- ⅛ teaspoon salt

INSTRUCTIONS

1. Season beef steaks with ½ teaspo pepper. Heat large nonstick skillet over medium heat until hot. Place steaks in skillet, cook 7 to 9 minut for medium rare to medium donen turning occasionally.

2. Meanwhile whisk Honey Mustar Dressing ingredients in small bow until well blended. Set aside. Divid greens evenly among 4 plates. Top evenly with pear wedges and drie cranberries.

3. Carve steaks into thin slices, seas with salt as desired. Divide steak slices evenly over salads. Top each salad evenly with dressing, pecans and goat cheese, if desired.

Nutrition information per serving:
321 calories, 14 g fat (3 g saturated fat, 7 g monounsaturated fat), 67 mg cholesterol, 434 mg sodium, 21 g carbohydrate, 3.3 g fiber, 26 g prote 7.6 mg niacin, 0.6 mg vitamin B_6, 1.4 mcg vitamin B_{12}, 2.4 mg iron, 30.0 m selenium, 5.1 mg zinc

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more truths, kindly visit www.BeefItsWhatsForDinner.com.

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Penne With Fresh Tomato Sauce

RECIPES AND FOOD STYLING BY LORI POWELL

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Perishable ingredients that can be purchased 1 to 2 days before use:

- 2 lbs grape tomatoes
- 3 large bell peppers (red and orange)
- Fresh herbs, such as basil, cilantro and mint
- Assorted lettuces
- ½ cup low-fat sour cream
- 1 piece (6 oz) part-skim Cheddar
- Small wedge Parmesan
- 2½ lbs skirt steak
- 3¼ lbs thin chicken cutlets
- 1 lb large shrimp (buy fresh up to 1 day before use)



Marinated Steak With Carrots and Herbs in Lettuce

Penne With Fresh Tomato Sauce

SERVES 6

Prep time: 15 min **Total time:** 25 min

Kitchen cue: Sun-dried tomatoes, located in the produce aisle of the supermarket, are best when they're soft and still pliable.

- 4 cups grape tomatoes (about 2 pints)
- 1 jar (6 oz) marinated artichoke hearts
- 15 sun-dried tomato halves (not packed in oil), chopped
- 1 cup chopped fresh basil
- ½ cup chopped fresh cilantro
- 2 small garlic cloves, finely chopped
- 2 tablespoons olive oil
- 1 package (12 oz) dried penne pasta
- 3 tablespoons finely grated fresh Parmesan

◆ Pulse grape tomatoes in a food processor until chopped and transfer to a large serving bowl. Drain artichokes in a fine sieve set over a bowl, reserving marinade, and coarsely chop; add to grape tomatoes with 2 tablespoons reserved marinade. Stir in sun-dried tomatoes, herbs, garlic and oil. Let stand at room temperature while pasta cooks.

◆ Bring a large pot of water to boil; add salt. Stir in pasta and cook until al dente, about 9 minutes. Drain in a colander and immediately add to bowl with tomatoes and artichokes; salt and pepper to taste. Toss to combine. Sprinkle Parmesan over top and serve warm.

Per serving: 325 calories, 7.5 g total fat, 1.5 g sat fat, 323 mg sodium, 53 g carbs, 77 mg calcium, 2 mg chol, 11 g protein, 5 g fiber

Marinated Steak With Carrots and Herbs in Lettuce

SERVES 6

Prep time: 30 min

Total time: 50 min

CONTINUED

A Well-Stocked Pantry

Ingredients needed for these recipes (can keep for about a month):

- *1 bunch carrots*
- *3 limes*
- *Unsalted butter*
- *1 package 6½-inch flour tortillas*
- *8 hamburger buns*
- *1 lb frozen corn*
- *1 head garlic*
- *1 small yellow onion*
- *1 small and 2 large red onions*
- *Ground cumin*
- *1 package dried penne pasta*
- *15 sun-dried tomato halves (not packed in oil)*
- *1 small bottle vegetable oil*
- *1 small bottle olive oil*
- *1 small bottle red wine vinegar*
- *1 bottle chili sauce*
- *1 jar hoisin sauce*
- *1 jar salsa*
- *1 jar marinated artichoke hearts*
- *1 jar hot pepper jelly or relish*
- *1 jar Dijon mustard*





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Chicken Paillard

Kitchen cue: Bottled hoisin sauce, located in the international section of the supermarket, is the sweet-spicy brown sauce (made of soybeans, chile peppers, vinegar and spices) used in Chinese cooking.

- 1 (1½ lbs) skirt steak
- ¾ cup hoisin sauce
- 2 garlic cloves, chopped
- Vegetable oil, for pan
- 1 head Boston or other butterhead lettuce, leaves separated
- 3 medium carrots, peeled and cut into julienne strips
- ½ cup packed mint sprigs
- ½ cup packed fresh basil leaves
- 1 small red onion, thinly sliced

◆ Rinse steak and pat dry. Place in a heavy-duty resealable plastic bag with ½ cup hoisin and the garlic. Seal bag and turn until steak is coated well. Marinate at room temperature, turning bag occasionally, 30 minutes.

◆ Preheat broiler. Lightly oil broiler pan. Remove steak from marinade (discard marinade) and place on prepared pan. Broil about 4 inches from heat, turning once, about 6 minutes for medium-rare. Transfer to cutting board and let stand 5 minutes. Cut into thin slices.

◆ Arrange lettuce leaves on serving plates and fill with steak, carrots, onions and herbs. Serve remaining ¼ cup sauce on the side for dipping.

Per serving: 235 calories, 8.5 g total fat, 3 g sat fat, 391 mg sodium, 17 g carbs, 76 mg calcium, 41 mg chol, 20 g protein, 3 g fiber

Chicken Paillard

SERVES 4

Prep time: 15 min

Total time: 20 min

- 2 tablespoons hot-pepper jelly or relish
- 2 tablespoons red wine vinegar
- 2 teaspoons Dijon mustard
- 4 cups mixed greens
- 1 cup grape tomatoes, halved
- ¾ cup torn fresh basil leaves
- Oil, for grill rack
- 1½ lbs chicken cutlets

◆ For dressing, whisk together jelly, vinegar and mustard; salt and pepper to taste. For salad, toss together greens, tomatoes and basil in a large bowl.

◆ Preheat grill. Lightly oil rack. Rinse chicken and pat dry; season with salt and pepper. Grill on rack over moderately high heat, turning once, until cooked through, about 4 minutes. Transfer to a serving platter.

◆ Toss salad with dressing. Serve chicken topped with salad.

Per serving: 245 calories, 2 g total fat, 0.5 g sat fat, 192 mg sodium, 12 g carbs, 70 mg calcium, 99 mg chol, 41 g protein, 2 g fiber

Sautéed Shrimp With Corn, Tomato and Basil

SERVES 6

Prep time: 40 min

Total time: 50 min

Kitchen cue: We're big believers in buying frozen deveined peeled shrimp to save time. For best flavor, use frozen shoepeg white corn. When in season, use fresh corn kernels.

- 4 teaspoons olive oil

CONTINUED

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Sautéed Shrimp With Corn, Tomato and Basil



- 1 tablespoon unsalted butter
- 1 small onion, finely chopped
- 1 lb frozen corn, thawed and drained
- 1¾ cups grape tomatoes, halved (about 1 pint)
- 1 lb large shrimp, shelled and deveined (thawed if frozen)
- 1 cup chopped fresh basil leaves
- 1 tablespoon fresh lime juice

◆ Heat 2 teaspoons oil and the butter in a large nonstick skillet over moderately high heat until hot but not smoking. Add onion, corn and tomatoes; season with salt and pepper. Cook, stirring occasionally, until softened, about 3 minutes. Transfer to a serving bowl.

◆ Rinse shrimp and pat very dry. Heat remaining 2 teaspoons oil in skillet over moderately high heat. Add shrimp and cook, turning once, until golden brown and opaque, about 3 minutes. Transfer to bowl with vegetables. Add basil and juice; salt and pepper to taste. Toss until combined well.

Per serving: 200 calories, 6.5 g total fat, 2 g sat fat, 100 mg sodium, 21 g carbs, 61 mg calcium, 98 mg chol, 16 g protein, 3 g fiber

Chicken Chili Burger



Chicken Chili Burgers

SERVES 8

Prep time: 25 min

Total time: 35 min

- 1¾ lbs chicken cutlets
- 1 large red bell pepper, finely chopped
- 1 cup chopped fresh cilantro
- ¾ cup purchased chili sauce
- Oil, for grill rack
- 8 slices (4 oz) part-skim sharp Cheddar
- 8 hamburger buns
- 1 large red onion, sliced
- 8 lettuce leaves

◆ Rinse chicken and pat dry. Cut into 2 inch pieces and pulse in a food processor until coarsely ground. Transfer to a bowl;

CONTINUED

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season with salt and pepper. With hands, mix in bell pepper, cilantro and chili sauce until just combined; do not overmix. Form into eight ½-inch-thick patties. ◆ Preheat grill. Lightly oil rack. Grill burgers on rack over moderate heat 5 minutes. Flip burgers and top each with 1 slice cheese; continue to grill until cooked through, about 5 minutes more. Meanwhile, grill buns, cut sides down, until golden brown, about 1 minute. Arrange burgers in buns with onion and lettuce.

Per serving: 315 calories, 6 g total fat, 2.5 g sat fat, 762 mg sodium, 32 g carbs, 217 mg calcium, 68 mg chol, 32 g protein, 2 g fiber

Steak Fajitas

SERVES 4

Prep time: 30 min

Total time: 50 min

Kitchen cue: Skirt steak is the traditional cut of beef for fajitas. This steak cooks quickly and is great grilled or broiled.

- 1 (1 lb) skirt steak
- 2 tablespoons fresh lime juice
- ½ teaspoon ground cumin

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2 garlic cloves, finely chopped
1 package (10 oz) 6½-inch flour tortillas
1½ tablespoons olive oil
2 large red and orange bell peppers, cut lengthwise into strips
1 large red onion, cut into 8 wedges
1 cup purchased salsa
½ cup grated part-skim sharp Cheddar
¼ cup low-fat sour cream

◆ Rinse steak and pat dry; cut to fit into large skillet. Combine juice, cumin and garlic in a large heavy-duty resealable plastic bag. Add steak, season with salt and pepper, then seal bag and turn until steak is coated well. Marinate at room temperature, turning bag occasionally, 30 minutes.

◆ Preheat broiler. Arrange tortillas in a single layer on oven rack 4 inches from heat and broil until slightly crisp, 30 seconds to 1 minute.

◆ Heat 1 tablespoon oil in a large nonstick skillet over moderately high heat until hot but not smoking. Add bell peppers and onion; season with salt and pepper. Cook, stirring, until golden brown, about 6 minutes. Transfer to a serving platter. Remove steak from marinade (discard marinade). Heat remaining ½ tablespoon oil in skillet; add steak and cook, turning once, about 4 minutes (depending on thickness) for medium-rare. Transfer to cutting board and let stand 5 minutes. Cut into ¼-inch-thick slices.

◆ Arrange steak on platter with bell peppers and onion. Serve tortillas, salsa, Cheddar and sour cream on the side.

Per serving: 540 calories, 22 g total fat, 7.5 g sat fat, 911 mg sodium, [illegible] carbs, 282 mg calcium, 56 mg chol, 31 g protein, 5 g fiber

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BEAUTY JOURNAL PAGE 32: *Unless listed otherwise, all products are available at major discount, drug and food retailers nationwide.* Tom Ford Estée Lauder Collection: Estée Lauder counters. Smashbox: www.smashbox.com. OPI: at select salons. Biolage: at select salons. Yves Saint Laurent: department stores.

BEAUTY SIGHTINGS PAGE 36: Umberto Beverly Hills: Target.

BEAUTY JOURNAL: SKIN PAGES 40–47: B. Kamins, find retailers at www.bkamins.com. Juice Beauty, Sephora. CLOTHING CREDITS: Boss Hugo Boss, 800-HUGO-BOSS. Marc Jacobs, select Solstice Sunglass boutiques, 866-216-9043, or www.solsticestores.com. DKNY JEANS: 800-777-4524 for stores. Agnes B: www.agnesb.net. Boss Hugo Boss, 800-HUGO-BOSS. Hat Attack: the Velvet Swan, Mystic CT, 860-536-3842. PONO by Joan Goodman: 866-336-PONO. Zooey: Intuition, Culver City, CA, 310-287-0327. Stella McCartney: select Solstice Sunglass boutiques, 866-216-9043, or www.solsticestores.com.

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HOME JOURNAL: OUTDOOR SPACES PAGES 126-130: Furniture and accessories are antique, custom or homeowners' own. For similar styles of outdoor furniture, visit www.smithandhawken.com, www.target.com, www.frontgate.com, www.plowhearth.com and www.outdoordecor.com.

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ENTERTAINING: BABY SHOWER PAGE 202: Cocktail and dinner napkins: ABH Design, 212-249-2276. PAGE 203: Pink champagne flutes, pink salad plates, the Conran Shop, 866-755-9079. Baby clothes, www.wriggleables.com. Flower invitations and place cards, www.wriggleables.com. PAGE 204: (Floral salad) Water Lily Serving Bowl Tilleul, the Conran Shop, 866-755-9079. PAGE 208: (Zucchini ribbons) Tangerine lulu glass, www.angelaadams.com. (Potatoes) Jasper Conran Serveware Oval Dish, the Conran Shop, 866-755-9079.

SEASONAL: 10 FRESH INGREDIENTS PAGE 213: (Pasta) Sabre porcelain lilac salad bowl with polka dots, La Cafetière, 866-486-0667. PAGE 214: (Marinated Steak) Jus de Fruits Table Runner and small handmade Bauholz bowls: La Cafetiere, 866-486-0667. PAGE 220: (Fajitas) Small pink handmade Bauholz bowl, La Cafeuere, 866-486-0667.

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en (as well as a growing number of "Boomer" men) are
g so much StriVectin-SD that finding a tube at your
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ientific Breakthrough or Dumb Luck?

hough StriVectin-SD's functional components were
dly backed by clinical trials documenting their ability to
y reduce the appearance of existing stretch marks
minent because of their depth, length, discoloration,
texture)... the success of StriVectin-SD as an anti-
kle cream was "dumb luck," says Gina Gay
esperson for Klein-Becker, maker of StriVectin-SD.

"When we first handed out samples of the StriVectin
ula to employees and customers as part of our market
rch, the sample tubes were simply marked 'topical
n' with the lot number underneath," Ms. Gay explains.
the samples were passed to friends and family, the
age became a little muddled and some people used this
cal cream' as a facial moisturizer. As we began to
ve feedback from users, like 'I look 10 years younger'
'I can't even notice my crows' feet' we knew we had
thing more than America's most effective stretch mark
n. The point was driven home as store owners began
rting that almost as many people were purchasing
ectin as an anti-wrinkle cream as were buying it to
ce stretch marks."

Daniel B. Mowrey, PhD, Klein-Becker's Director of
ntific Affairs, says, "Clearly, people were seeing results
we didn't have a scientific explanation as to why
wrinkle-reduction was occurring. However, based on
the incredibly positive reports I started getting
elf — applying StriVectin to my face after shaving,
Mowrey adds, "On a personal note, my wife feels she
ven't looked this good in years.

Dumb Luck Strikes Again!

Then, on Tuesday, July 2, 2002 at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo-peptide (called Pal-KTTkS) versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented. "As luck would have it," Dr. Mowrey states, "the anti-wrinkle oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-kTTkS/retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in the appearance of both overall skin tone and unsightly wrinkles for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution worked nearly 1.5 times faster than retinol in measured parameters, and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-kTTkS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

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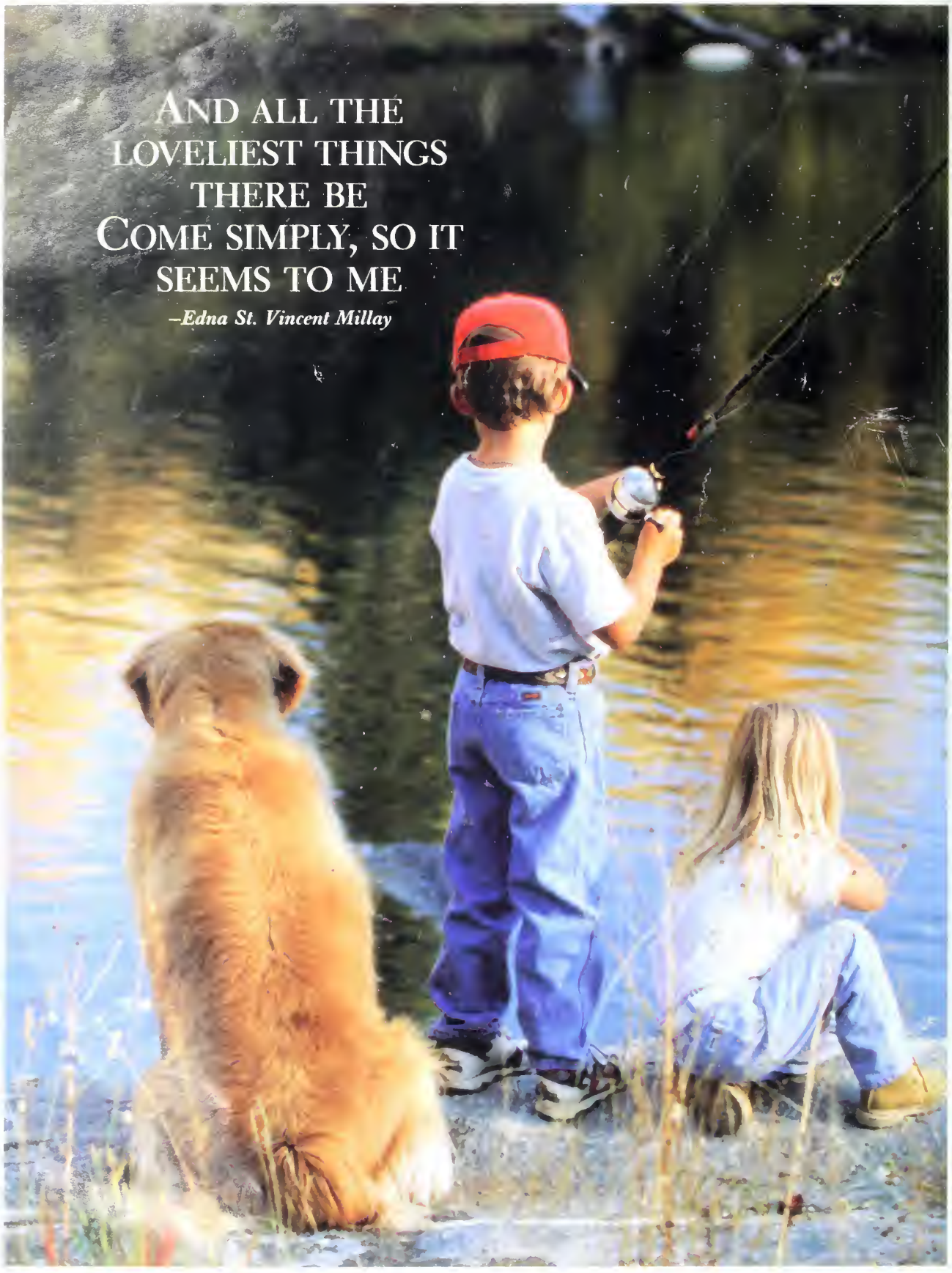
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When Headaches Turn Deadly

Come on Over!
Pretty Porch Makeovers

"My Best Friend Saved My Life"

What's for Supper?
5 Fast & Simple Salads

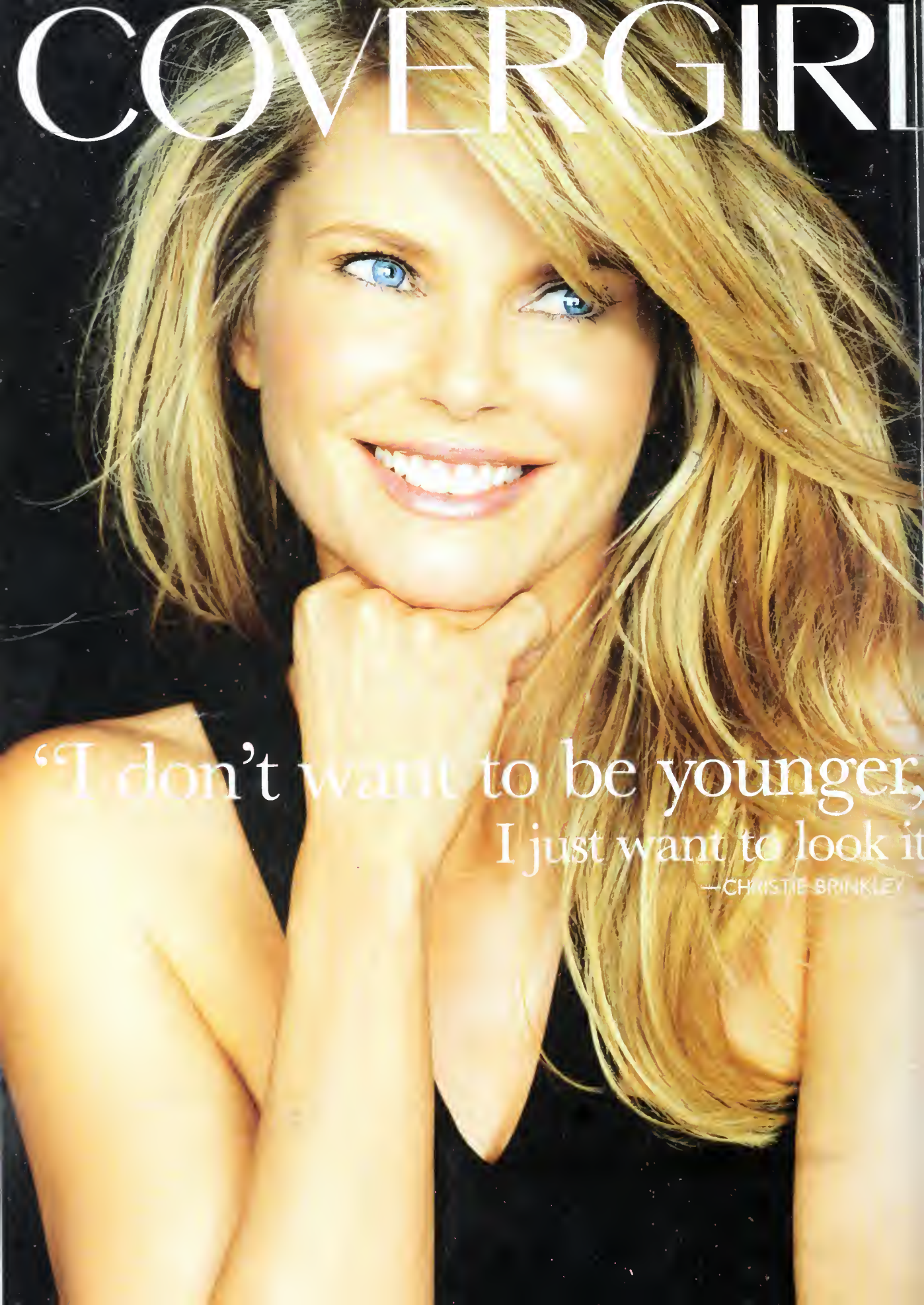
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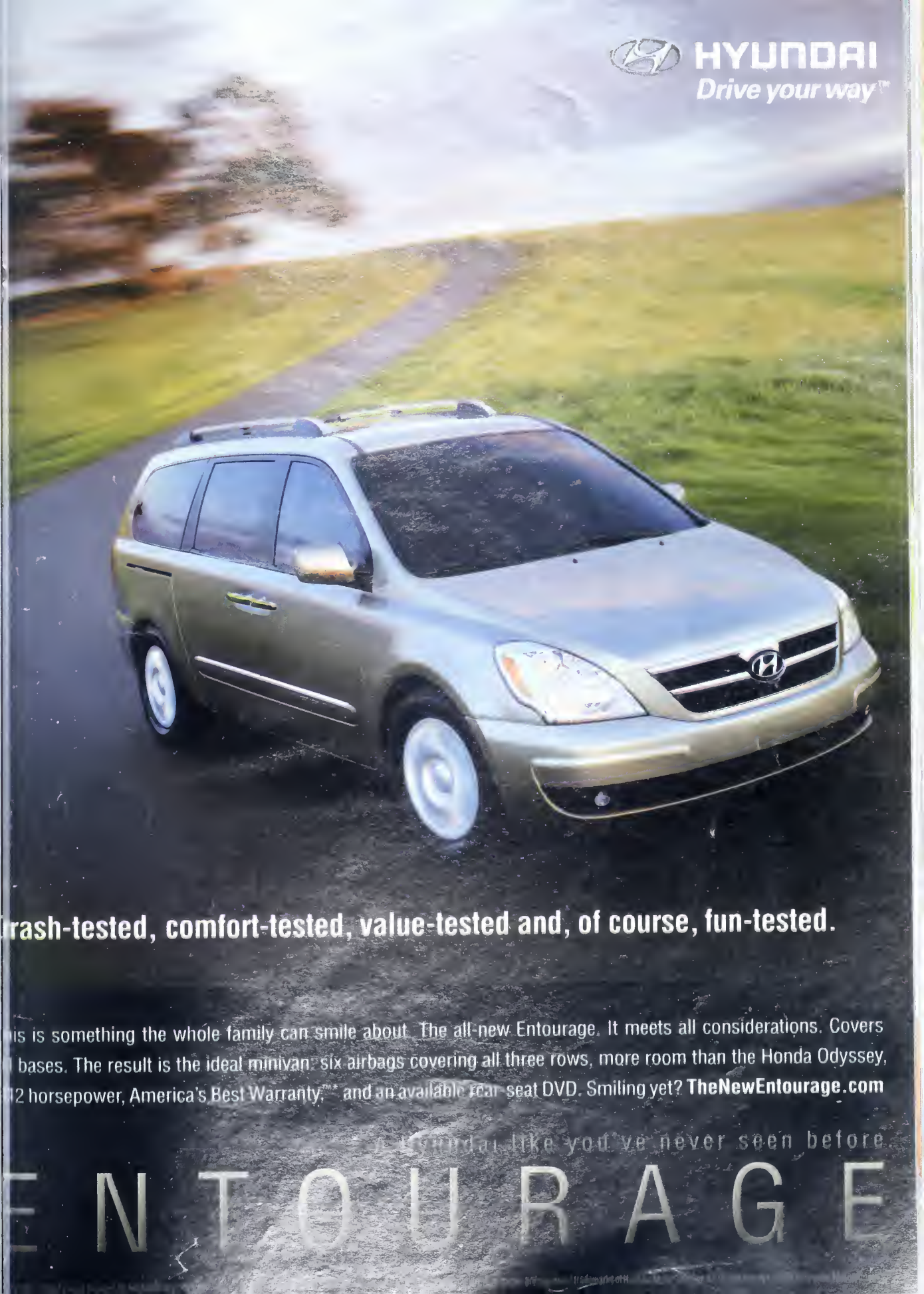


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On the Cover: Nicole Kidman photographed exclusively for *Ladies' Home Journal* by James White. **Hair:** Chris McMillan for Soloartists.com/Redken. **Makeup:** Angela Levin for the Wall Group. **Stylist:** Laura Duncan for Beauty & Photo. **Prop Stylist:** Ethan Tobman. **On Nicole:** Dress, Monique Lhuillier. **Get the look: Face:** Chanel Pro Lumière Professional Finish Makeup in SPF 15 in Nude, $50. **Eyes:** Chanel Ombre Unique Shadowlights in Horizon, $23.50. Chanel Cils A Cils Lash Building Mascara in Brun, $24. **Lips:** Chanel Lèvres Scintillantes Glossimer in Glaze, $24.50


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welcome



Summer fun shouldn't be reserved just for kids! That's why this issue is jam-packed with projects and indulgences *you* can enjoy. Host a simple and charming family reunion (pages 202 to 212 . Redecorate your porch in cool shades (see page 116). Splurge on a hot-weather wardrobe (pages 50 through 57). Whip up a supper salad that's sure to satisfy (pages 217 to 225).

Another important story in this issue, on an entirely different note: Nicole Kidman chose *Ladies' Home Journal* for a very special message she wants to spread about her new work as a U.N. Goodwill Ambassador, specializing in helping to stop violence against women around the world. This violence takes many forms, but in other countries it is, sadly, often sanctioned through either custom or law. You can make a donation to this incredibly important (and largely unsung) work—see our box on page 143. And enjoy the revealing interview and exquisite photographs (by James White), starting on page 128.

Diane Salvatore

Diane Salvatore, Editor-in-Chief
lhj.deardiane@meredith.com



A $6000 House With a Garden



A page from a 1902 issue of *Ladies' Home Journal*, showing plans and a sketch of a finished house that could be used by readers.

Did We Design Your Home?

Just before the turn of the last century (in 1895) and into the first part of the 20th century, *Ladies' Home Journal* published house plans for affordable homes that could be built in readers' towns. In fact, the editor at the time, Edward Bok, was a visionary who believed the large formal parlors of the day should be replaced with living rooms. You might be living in a *Ladies' Home Journal* house! Go to *www.lhj.com/lhjhomes* to view the 14 designs and floor plans as well as the original articles describing the architects' concepts and other details. If you believe you are living in a *Ladies' Home Journal* home, we'd love to hear from you. Please send us a photo of your house and any information you have that identifies it as a *Ladies' Home Journal* home. Mail to *Ladies' Home Journal*, "YOU BUILT MY HOME," 125 Park Avenue, 20th Floor, New York, NY 10017.



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beaded espadrille
{H93517} $35

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boatneck tank
{R47654} $20
stretch twill
cropped pants
{R41555} $49
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{H82030} $79
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WHAT MAKES LOVE LAST

Romantic gestures from our spouses—roses, candy, baubles—may make our hearts beat faster, but it turns out that they don't necessarily keep a marriage strong. Altruistic affection is the real root of marital bliss, not the grand displays of passion, suggests a new study by the National Opinion Research Center (NORC), at the University of Chicago. A full 67 percent of people who felt selfless, compassionate feelings toward their partners—those who agreed with statements such as "I would rather suffer myself than let the one I love suffer"—rated their marriages as "very happy," compared with only 50 percent of those who disagreed.

So do altruistic people tend to form lasting relationships, or does marriage make people more altruistic? Tom W. Smith, Ph.D., director of the General Social Survey at NORC, thinks it's a little of both. Expressions of caring and compassion, such as your husband making you chicken soup when you're sick, strengthen relationships and nurture the union over time. "You learn love over the course of your entire marriage," says Dr. Smith. "It's learning through living." *—Melissa Kirsch*

Why It's Good to Gossip

volunteers remembered most accurately was the material that involved social relationships—such as a pregnant college student's affair with her professor rather than less-juicy data, such as Denver's geography.

"Our memories favor social information," says Alex Mesoudi, Ph.D., the researcher. We're predisposed to gossip. He believes the results confirm the theory that human intelligence evolved to help us deal with social problems. "Keeping track of hierarchies and alliances was more important than problems like using tools," he says.

—Katie Brophy



43 percent*

of you say the most stressful time of day is between 4 P.M. and 8 P.M., the get-out-of-work and get-dinner-on-the-table stretch. The least-harried period? 8 P.M. until daybreak, which was chosen by only 8 percent.

*Of 1,378 respondents to an LHJ.com poll

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LIVE (THE STRESS-FREE) LIFE YOU WANT

Do you have the too-busy blues? Try this doctor's simple plan: Be ruthless about tending only to what matters most to you in life

By EDWARD M. HALLOWELL, M.D.

Last summer my family stayed at a lakeside cottage where the only telephone was an old-fashioned rotary model. The cottage was so remote that there was no cell phone service, just the clunky black telephone sitting atop a tattered phone book on an end table next to a worn-out peach-colored couch.

It was morning the first time I dialed the phone. I'd gone out for a wake up swim, poured myself a cup of coffee and sat down on the couch to call a friend to see if he and his kids might like to join my wife, my kids and me that night at a minor league baseball game. There was no urgency to this call, no *need* for me to hurry.

Yet as I dialed, impatience flared because on this phone I had to wait for the rotor to wind back to its starting point after each number. It was so *slow*. It made an irritating screeching sound as it retraced its circle, like a metal drawer stuck on its runners. I could have entered the entire number on a touch-tone phone in the time it took me to dial just one digit on this contraption. Not to mention how much faster I could have done it with my cell phone's speed dial.

By the time I had cranked out the entire number, I was in a snit. As the phone rang, I fumed. But then I caught myself. *This was absurd.* When my friend answered, I spoke to him, hung up and then, as an experiment, redialed his number, timing how long it took: exactly 11 seconds. Those 11 seconds had annoyed me beyond reason. I had become a person in a hurry even when I had no need to hurry.

Many people today find that they live in a rush they didn't create, or at least didn't mean to create. Look at what's happened to the usual "How are you?" exchange. It used to go like this: "How are you?" "Fine." Now it often goes like this: "How are you?" "Busy." Or, "Too busy." Or even, "Crazy busy."

It's insidious, this too busy lifestyle. It can seem that there's no way to avoid it. What are we supposed to do, be Luddites and refuse to buy cell phones? Not go wireless? Refuse to enroll your kids in soccer, violin and SAT tutoring? Have simple birthday parties the way they used to in the 1950s? Let the lawn go to seed? Refuse to give time to the cancer foundation a friend is heading up? CONTINUED

Say no to the extra work the boss is pressing on you after half the staff got laid off?

But being too busy does tremendous harm. It prevents us from controlling our own lives. It increases toxic stress, making people sick, causing errors and accidents, turning otherwise polite folks into rude hard chargers and reducing the general level of happiness in the population.

The greatest damage it does is that it keeps a person from what's most important. You're so overwhelmed trying to manage the rush, the gush and the clutter that you don't take the time to decide what matters most to you, let alone make the time to do it. You get up each day and wing it, building upon the undone remnants of yesterday, coupled with the anticipated as well as unanticipated demands of today.

Overwhelmed, busy people often feel the solution to their problem is becoming more organized. Indeed, as someone said to me, organizing is the new dieting: Everyone wants to do it, few are successful at it and even those who reform themselves commonly revert to their former state. While disorganization is a serious problem, getting organized is not the cure-all for the frenzy, no more than losing weight is the key to happiness. Just as you can be thin and miserable, you can be very organized and *still* feel overwhelmed.

> COMMITMENTS ARE LIKE FLOWERS IN A GARDEN: IF YOU OVERPLANT, NONE WILL THRIVE

But feelings of being frazzled and out of control can be switched off when they are replaced with other, more positive emotions. Meaningful connections drain away the too-busy blues. Pick the connections that matter most to you—people, places, activities, pets, a spiritual connection, a piece of music, even objects that are dear to you—and nourish them religiously.

The challenge is, with your jammed schedule, how do you preserve time for bingo with Grandma, book-club dates with a friend, a weekend away with your spouse, working out at the gym, or booking those oft-planned piano lessons? You must do it deliberately and consciously. Being selective is crucial. Commitments are like flowers in a garden: If you overplant, none will thrive. Hold the line on how many commitments you make. You must *choose*. Give yourself permission to get rid of whatever hinders you, whether it's projects or people. Yes, people. It can be hard to accept, but you simply can't keep up with too large a number of friends. If there are too many, they all become burdens rather than joys as you labor to stay in touch with the multitude. Being selective may seem cruel, but in the long run it not only is essential but kind—to everyone.

No matter how stretched thin and overbooked you feel, there are steps you can take to create more time and reduce that stressed-out too-busy feeling.

1 Wean yourself from distractions. A powerful modern addiction is "screensucking": wasting time engaged with any screen, whether it's a computer, television or BlackBerry. Each may seem like a tool to help you communicate, use time efficiently or just unwind, but their use gets out of hand easily and cuts into time better spent on more nourishing sources of connection. The kids are asleep, the chores are done—this is your time to do what matters to you, yet you slide into a zombie-like state, glommed on to the screen. You sit long after the work is done or the show you wanted to watch is over—not especially enjoying what you are doing but unable to disconnect.

Do whatever you have to do to break this habit. While we don't have a "patch" to help people quit screensucking, we do have the combination of insight and structure. Recognize your problem, then make changes in your behavior and environment. For example, put an alarm clock next to your screen to signal when you've gone past a certain amount of time, or program your computer to beep every 10 minutes.

2 Plan your strategy. Since most of us take on more than we can easily juggle, it can be tough to keep all our balls in the air. "Doomdart" is my word for an obligation you have forgotten about that suddenly pops into your consciousness like a poisoned dart. You CONTINUED

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may be cheerfully driving along in your car or happily making dinner or contentedly reading a book, when out of nowhere a forgotten obligation (a birthday present you never bought? the pledge to a charity you never paid?) pierces your consciousness and spreads its toxins throughout your being so that within minutes you are anxious and distracted.

You can spare yourself the unnecessary emotional anxiety by making a plan to take care of the problem as soon as the doomdart strikes. "I'll take care of it later" is not a plan. The doomdart will stay stuck, secreting its poisons. You need to tell yourself when and how you are going to take care of it. Then the dart will unstick and you can go on.

3 Conquer your guilt. We run around in a frenzied state, doing two days' work in one, yet we're still stricken with guilt that we're not doing even *more*. Like many painful emotions, this one does not respond to reason. You feel guilty over missing something or disappointing someone, even though you know that keeping track of everything, and pleasing everyone, is impossible.

The best remedy I know of is to supplement reason with structure. Set limits on what you commit to. Reserve time for what matters most to you and if you feel guilty, remember that you would be of much *less* use to others if you didn't. You would become depressed, impatient and ineffective.

> BEING ABLE TO LINGER HAS GROWN INCREASINGLY HARD. BUT LINGERING IS WHEN YOU DO YOUR BEST THINKING

Have a system that dictates what you will commit to and what you won't. For example, make it a policy that you will serve on only one volunteer committee at a time. That you won't take calls during dinner. That you will call your mother at a regular time so you don't have to feel guilty the rest of the time.

4 Organize just enough. Keep your home and office well enough organized so that clutter does not distract you and make you feel overwhelmed. That doesn't mean you have to be a neat freak. The danger sign is when the papers strewn here and there, the picture on the wall hanging crooked, the piles of accumulated stuff hit you hard and put you in a bad mood. So take organization seriously enough to keep disorganization from becoming a problem.

5 Do what you want to do, as often as possible. Motivation focuses the mind and calms the nerves. Doing a task well increases motivation because it is human nature to like to do more of what you do well. (It works the other way, too. A person tends to avoid doing what she doesn't do well.) Here's the logical progression: (1) Do what interests you. (2) Being interested, you will want to do it often. (3) Doing it often will lead you to get better at it. (4) Getting better at it will lead you to be motivated to do it more and get even better. (5) Being motivated will enhance your ability to pay attention in other aspects of your life. Your mind will feel both sharpened and refreshed—and much better able to deal with the busy day's demands.

6 Slow way down. You wake up impatient. You tap your feet at the ATM line. You clench your teeth when someone speaks slowly. You hate it when a waiter isn't fast, even when the whole point of the meal is to spend time with other people. Being able to linger has grown increasingly hard. But lingering is when you do your best thinking.

Stop and ask yourself, "What's my hurry?" Take the question literally. *What is your hurry?* Rushing around, trying to squeeze in more stuff than you should, leads you to do all of it less well and makes all of it less enjoyable. Hurrying is your enemy. By slowing down you will become more effective and more fulfilled.

That's what happened on my summer vacation. As the days moved along, I changed. I made friends with that old rotary phone. I began to appreciate what it could teach me. I came to see it as a kind of Buddha ensconced on its end table, offering me wise counsel to take my time and enjoy, while they lasted, the summer, the childhood of my kids, the ripening of my marriage and the best years of my life.

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Be Dazzled

The Secret To Happiness

Envying others can drain your life of joy. But how to stop yourself from feeling it? Read on

When I was in fifth grade I got a new bicycle for Christmas. It had big wide handlebars and a banana seat. I thought I was hot. I was so proud of this bicycle—until I rode down the street to my friend's house and discovered that he'd gotten a fancier one. My joy went down the tubes. I was envious when I compared what I had with what he had.

Envy is usually an expression of insecurity. When we have low self-esteem, we'll always feel threatened by people who have more beauty, more status, more education, more charisma . . . or better bikes!

No one is immune to envy, and you probably know from experience that it can make you miserable. You may think the cure is more money, so you become consumed with increasing your earnings. The only problem is, once you get to that higher financial level, there's always a higher one. If you're motivated by envy, you're going to burn out because there's *always* a next level.

Life Is Not a Contest

Truth be told, you cannot be happy and envious at the same time. In fact, one of the greatest secrets to happiness in life is learning how to eliminate envy. Acknowledging the need to do so can be painful, but accepting material limits or advantages may lead to a change of values and a more spiritual and fulfilling way of life. God says the way you change envy is by changing your perspective. While you may not be able to completely change the feelings that cause envy, you *can* change your perspective and eliminate it from your life.

Stop comparing yourself to others. Satisfaction comes from doing your best. In Galatians 6:4 it says: "Let everyone be sure to do his very best, for then he will have the personal satisfaction of work done well and won't need to compare himself with someone else." God has a custom life just for you, and that means you don't have to imitate somebody else's lifestyle.



Take an envy self-examination. Do you ever compare your life, your home, your husband, your kids—even your lawn—to other people's? This exam can reveal some surprises, and it just may inspire you to channel your energies into accomplishing worthwhile things. When you strive to be the person God made you to be, that's when you'll find real meaning, purpose, fulfillment and satisfaction.

Stay the Course

Of course you may be living in the middle of circumstances that make it hard to appreciate your uniqueness or find happiness or even basic safety. Be encouraged! If only you could see all that God does for you and how tirelessly He works to take care of your needs. He promises to bring good out of every circumstance, mistake and tragedy.

Does that mean you'll never have a hard time handling the success of other people? Of course not! We all do from time to time. Human instinct makes us ask, "Why did he get a promotion when I didn't?" or "Why do they get to go to Europe on vacation and we have to pay for braces?"

When I focus on making God number one in my life, remembering that He has a plan for me, competition becomes irrelevant. That's because I'm not competing with anybody else. I'm unique. And so are you.

Ask God to help you see yourself as He sees you and be all that He created you to be. Realize that material things aren't going to last but relationships do. As your perspective begins to change, you'll see it really is possible to have a life without envy.

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NEXIUM® (esomeprazole magnesium)

20-mg, 40-mg Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis; the maintenance of symptom resolution and healing of erosive esophagitis (controlled studies do not extend beyond 6 months); and for the treatment of heartburn and other symptoms associated with GERD; and for risk reduction of NSAID-associated gastric ulcer. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information for Patients** NEXIUM Delayed-Release Capsules should be swallowed whole and taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the NEXIUM Delayed-Release Capsule can be opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **Drug Interactions** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1, and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin, or amoxicillin. Post-marketing reports of changes in prothrombin measures have been received among patients on concomitant warfarin and esomeprazole therapy. Increases in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with proton pump inhibitors and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Studies evaluating concomitant administration of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically relevant changes in the pharmacokinetic profiles of esomeprazole or these NSAIDs. Esomeprazole inhibits gastric acid secretion. Therefore, esomeprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (eg, ketoconazole, iron salts, and digoxin). **Carcinogenesis, Mutagenesis, Impairment of Fertility** The carcinogenic potential of esomeprazole was assessed in two omeprazole studies. In two 24-month oral carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was inconclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy** *Teratogenic Effects Pregnancy Category B* Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with omeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rats, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human dose on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers** The excretion of esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole is likely to be excreted in human milk, because of the potential for serious adverse reactions in nursing infants from esomeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use** Of the total number of patients who received NEXIUM in clinical trials, 1459 were 65 to 74 years of age and 354 patients were ≥75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in 15 000 patients (aged 18-84 years) in clinical trials worldwide including over 8 500 patients in the United States and over 6 500 patients in Europe, Canada. Over 2 900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1 240 patients on NEXIUM 20 mg, 2 434 patients on NEXIUM 40 mg, and 3 008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence <1% are listed below by body system:

Body as a Whole abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors. ***Cardiovascular:*** flushing, hypertension, tachycardia. ***Endocrine*** goiter. ***Gastrointestinal:*** bowel irregularity, constipation, aggravated dyspepsia, dysphagia, dysplasia GI, epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms not otherwise specified, hiccup, melena, mouth disorder, pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting. ***Hearing:*** earache, tinnitus. ***Hematologic:*** anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia. ***Hepatic:*** bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased. ***Metabolic/Nutritional:*** glycosuria, hyperuricemia, hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease. ***Musculoskeletal:*** arthralgia, arthritis, aggravated arthropathy, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica. ***Nervous System/Psychiatric:*** anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hypertonia, nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder, somnolence, tremor, vertigo, visual field defect. ***Reproductive:*** dysmenorrhea, menstrual disorder, vaginitis. ***Respiratory:*** asthma aggravated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis. ***Skin and Appendages:*** acne, angioedema, dermatitis, pruritus, pruritus, rash, rash erythematous, rash maculopapular, skin inflammation, sweating increased, urticaria. ***Special Senses:*** otitis media, parosmia, taste perversion. ***Urogenital:*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, micturition frequency, moniliasis, polyuria. ***Visual:*** conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include duodenitis, esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barrett's esophagus, and mucosal discoloration. Two placebo-controlled studies were conducted in 710 patients for the treatment of symptomatic gastroesophageal reflux disease. The most common adverse events that were reported as possibly or probably related to NEXIUM were diarrhea (4.3%), headache (3.8%), and abdominal pain (3.8%). Postmarketing Reports - There have been spontaneous reports of adverse events with postmarketing use of esomeprazole. These reports have included rare cases of anaphylactic reaction and myalgia, severe dermatologic reactions, including toxic epidermal necrolysis, TEN, some fatal, Stevens-Johnson syndrome, and erythema multiforme, and pancreatitis. Rarely, hepatitis with or without jaundice has been reported. Other adverse events not observed with NEXIUM, but occurring with omeprazole can be found in the omeprazole package insert. **ADVERSE REACTIONS** section. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose based on body surface area basis) was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory frequency, tremor, ataxia, and intermittent clonic convulsions. There have been some reports of overdosage with esomeprazole. Reports have been received of overdosage with omeprazole in humans. Doses ranged up to 2 400 mg (120 times the usual recommended clinical dose). Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience (see omeprazole package insert **ADVERSE REACTIONS**). No specific antidote for esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdose, treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug ingestion should be considered. For current information on the treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Telephone numbers are listed in the Physicians' Desk Reference® (PDR) or local telephone book. **DOSAGE AND ADMINISTRATION** Please see Prescribing Information for recommended adult dosages and dosage adjustments for **Special Populations** for NEXIUM.

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Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

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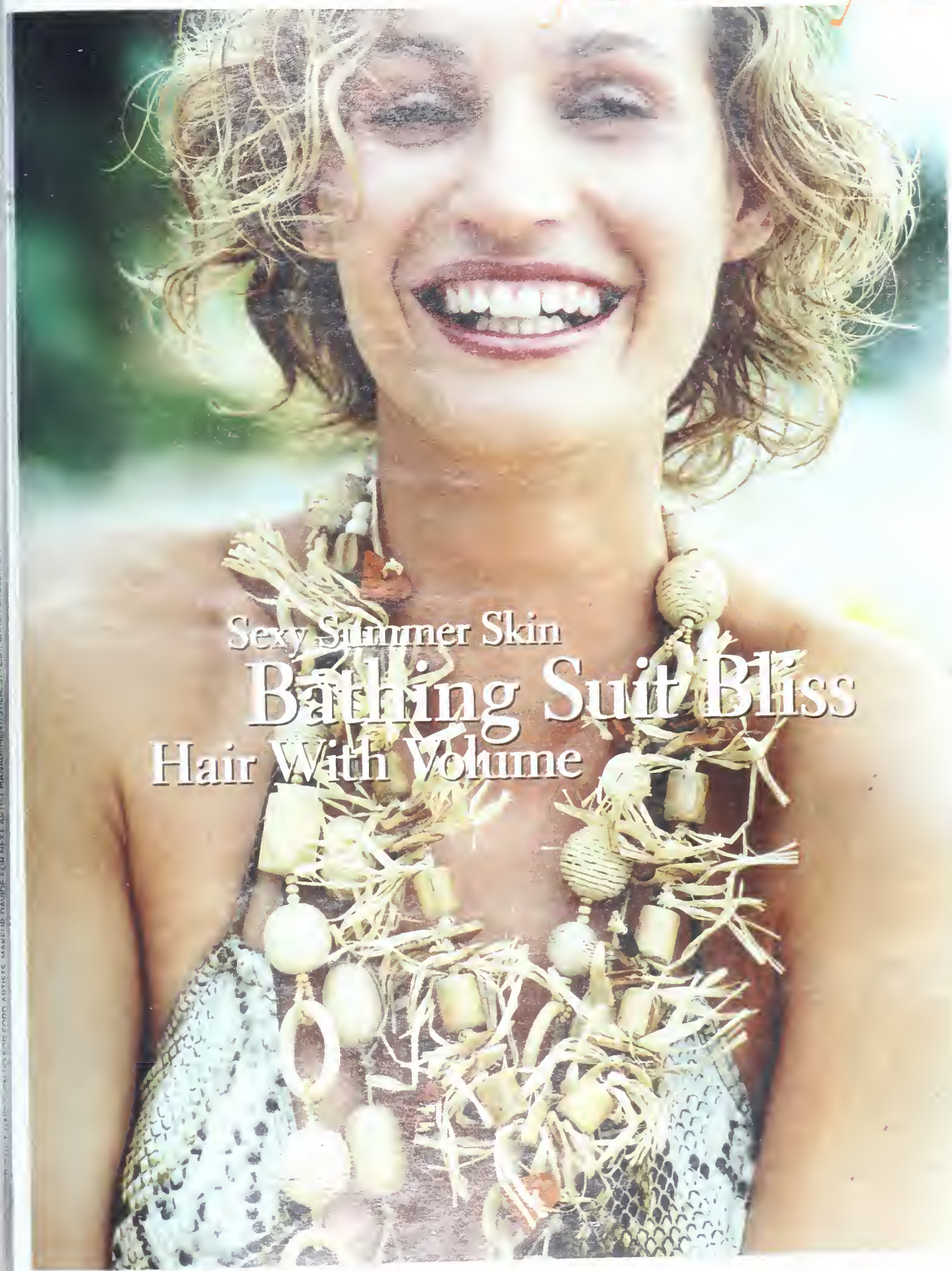




Presenting Chocolate Delight Cookies

Spring 2006

PEPPERIDGE FARM



Sexy Summer Skin

Bathing Suit Bliss

Hair With Volume

WWW.LHJ.COM



RAISE YOUR ROOTS!

Soft, voluminous hair never goes out of style, but how to get it—and keep it—remains the million-dollar beauty question. The answer, say the experts, is to direct root-lifting hair products right at the roots and scalp, where hair is finest and therefore needs the most help, and immediately blow-dry. These new lightweight products will leave your hair feeling thick without being crunchy.

WE LIKE:

1 TRESemmé Big Boost Root Lift Spray, $3.99. It contains polymers that lock hair in place, and its streamlined nozzle allows for precise application.

2 Suave Professionals Amplifying Root Lift Hairspray, $2.49, because it delivers a fine mist that dries quickly but doesn't leave your hair feeling sticky.

3 KMS California AddVolume Root and Body Lift, $14.95, a lightweight foam that targets the roots but can be easily worked through your entire head.

Where to Find It, page 226



OIL'S WELL THAT CLEANS WELL

Using oil to wash your face might seem a bit, well, counterintuitive but it actually makes a lot of beauty sense. That's because cleansing oils cling to the oil on your face (and to eye makeup) and gently lift it away when rinsed. Those with oily skin shouldn't fear, as these cleansers are developed to remove impurities and rinse away, leaving no residue. And dry-skinned women will love how their skin feels cleansed but never tight. TRY: From left, DHC Whip Cleansing Oil, $15, goes from foam to oil when rubbed onto skin; Laura Mercier Purifying Oil, $40, comes in rich or light formulas; Boscia Makeup Breakup Cool Cleansing Oil, $21, contains peppermint to invigorate skin.

PATRICIA'S PICK

The Beauty of Bronzer



Beauty Director Patricia Reynoso

Remember when bronzers came in one [illegible] and were impossible to apply without looking like some sort of warrior princess? How times have changed! Today's [illegible] come in a variety of shades and are [illegible] allowing you to blend without [illegible]. These days I've made bronzer a [illegible] my daily makeup routine. My new favorite is Physicians Formula Shimmer Strips Custom Bronzer Blush & Eye Shadow, $11.95, a compact with five shades that can be swirled together and worn all over the face or individually as eye shadow (either wet or dry). Available at drugstores.



LHJ.com Log on to www.lhj.com/beauty for more beauty tips

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Feel the differe
And 24 hours later
Johnson's
softwash
Johnson's
softlotion

Summer-Friendly Scents

FRAGRANCES NOW COME IN GRAB-AND-GO-GEL, POWDER AND LIGHTWEIGHT FORMULAS



1 Reminiscent of old Hollywood glamour, ***Lovely Sarah Jessica Parker Powder Puff***, $25, gives your skin subtle shimmer, as well as a musky floral scent.

2 Cool down with the fresh scent of ***Curve Chill***, $49.50. This eau de toilette has a special chemistry that refreshes your skin immediately after you spritz it on.

3 The rich, spicy scent of ***Calvin Klein Euphoria Sensual Touch Parfum Gel***, $40, melts into the skin and lasts as long as a spray-on perfume. Stash it in your purse for a quick pick-me-up.

4 This oversize bottle of ***Marc Jacobs Splash Rain***, $65, gets points for its fresh scent—think cut grass mixed with wild strawberry and white orchid. And thanks to its lower alcohol content, you can use this scent liberally, from head to toe.

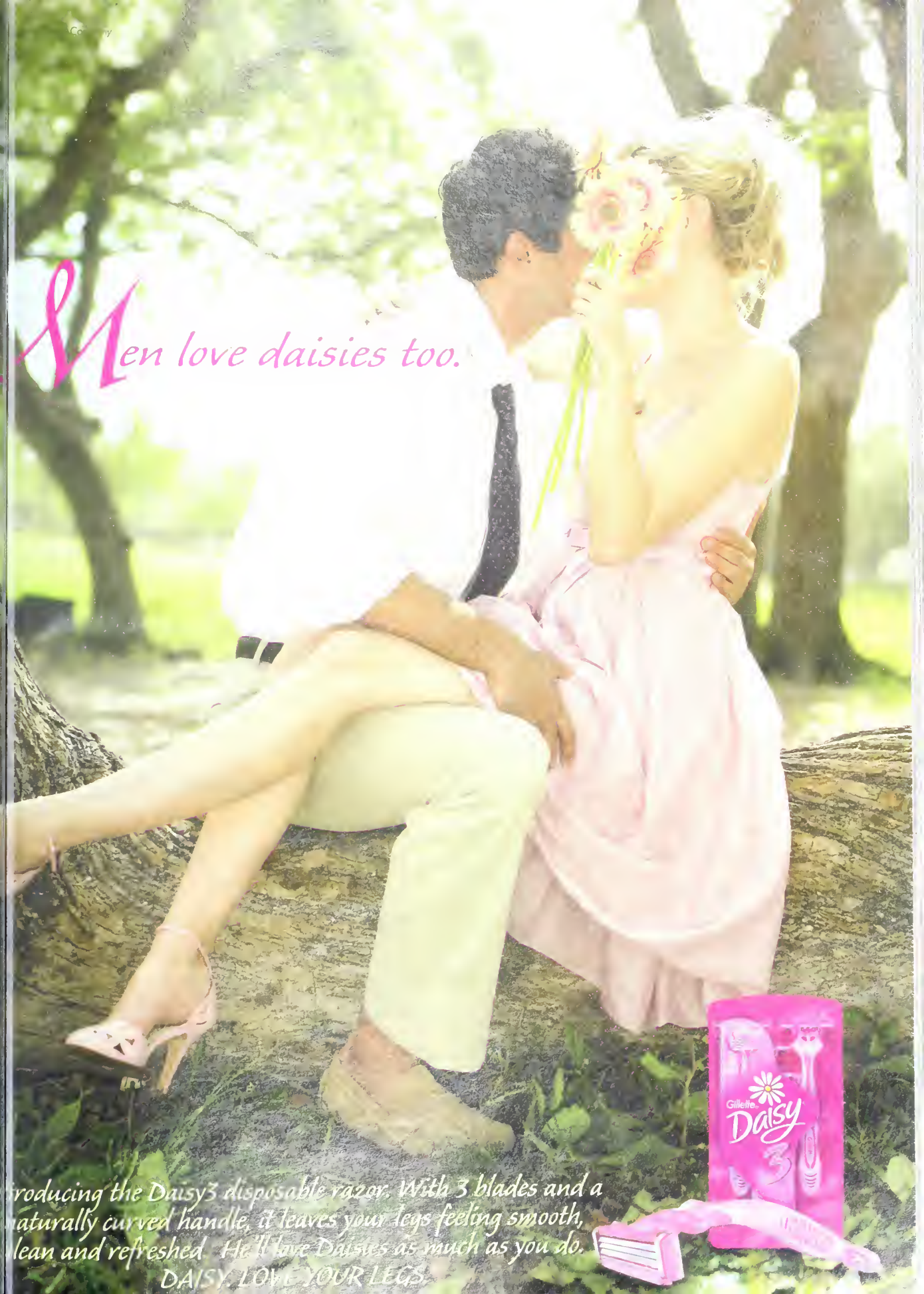
5 Sprinkle ***Victoria's Secret Dream Angels Heavenly Silkening Body Powder***, $28, onto your skin after a bath or use it to absorb excess moisture. Its silk powder will leave your skin ultrasmooth.

6 The three scents in the ***Sonia's Solid Powder Perfume Palette by Sonia Kashuk***, $30, can be worn alone or layered for a personalized aroma. Rub the colored powders onto the skin and watch them disappear.

7 A quick toss of your head releases the floral, amber and woody notes of ***Narciso Rodriguez For Her–Her Hair Mist***, $32. Spray its superfine vapor into your hair and enjoy it for hours.

Where to Find It, page 226

WWW.LHJ.CO


Men love daisies too.
roducing the Daisy3 disposable razor. With 3 blades and a
naturally curved handle, it leaves your legs feeling smooth,
lean and refreshed. He'll love Daisies as much as you do.
DAISY. LOVE YOUR LEGS.
Gillette
Daisy
3



"Extra" Special

Dayna Devon, host of *Extra*, shares her secrets for keeping her blond hair gorgeous

Dayna Devon spends every workday talking to the most beautiful blondes in show business, and it has taught her something about what she should—and shouldn't—do to her own hair.

"My hair was *Baywatch*—blond and big—I'm from San Antonio, so the bigger the better! But it didn't work on TV, so I cut it short—and hated it." Eventually, Devon settled on her current color and sleek style. To keep her hair super-healthy, Devon follows a strict hands-off rule on weekends and lets it air-dry, allowing her natural waves, and a little of her native Texan wildness, to sneak back in.

—Laura Brounstein



Get the Look

Keep your hair radiant and healthy like Dayna Devon's with these easy strategies.

Step 1: Avoid harsh shampoos that can strip your color. Freeman Pure ColorFresh Shine Shampoo, $4.99, doesn't contain sulfates, which cause hair color to fade, making it safe for everyday use. Step 2: In the shower, apply a concentrated conditioner once a week to keep hair soft and manageable. Paul Mitchell Color Protect Reconstructive Treatment, $11.95, uses sunflower-seed extract to make hair healthy and prevent fading. Step 3: Blow-dry with the nozzle pointing downward, which smooths the hair cuticle and adds loads of shine. Step 4: When going into the sunshine, use a styling product with sunscreen for the hair. Samy Colorcare Protecting Spray, $5.99, has UV protectors and boosts shine.

—Mandy Hendrix

Where to Find It, page 226

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Introducing the longest lasting hydrocortisone cream you can get without a prescription.



The CORTAID® Challenge: To bring you superior itch relief. CORTAID® Advanced gives you 12 hours of itch relief with just one application. That's because the scientists at CORTAID® created a revolutionary barrier technology. It is clinically proven to lock in the power of hydrocortisone all day for unmatched itch relief.



12-hour Itch Relief

Science. Applied to your skin.™



A Few Good Men's Products

Fed up with your guy helping himself to your favorite skin, body and hair care products? Don't dead-bolt your bathroom cabinet! Instead, treat him to his very own stash of these grooming products, formulated just for men.

Here's what to get him if he's stealing your...

...face cream

GUY-Q: Men's skin is generally thicker and oilier than women's, but it's also prone to dehydration (from frequent shaving) and eventually deep wrinkling. Give him a guy-friendly protective moisturizer that hydrates as well as firms.

TRY: 1. Nivea for Men Active Firming Lotion SPF 15, $10.99, which contains creatine (found naturally in skin) to increase elasticity and vitamins E and B_5 for hydration.

Where to Find It, page 226

...shampoo

GUY-Q: Most men just grab the first thing they see in the shampoo aisle, and when it runs out, they dip into yours. Instead, find him a formula that addresses fine or thinning hair, since nearly two out of every three men develop some form of hair loss.

TRY: 2. Clinique Skin Supplies for Men Hair Maximizing Shampoo, $14.50. It contains scalp-soothing white-birch extract and improves the scalp's health with *Centella asiatica*, a therapeutic herb that boosts circulation.

...body wash

GUY-Q: Men spend about 51 minutes a day showering, getting dressed and grooming—just four minutes less than women. Make his shower time just as skin pampering and luscious smelling as yours, but with a manly signature.

TRY: 3. Sharps Barber Brigade Concentrated Body Wash in Lemon Fix, $7.99. It has an invigorating citrus aroma and moisturizing aloe as well as soothing oat protein.

...nail clippers

GUY-Q: There's a reason why your nail clippers are never in the last place you left them! Men's nails tend to grow more quickly than women's do.

TRY: 4. Tweezerman Deluxe Toenail Clipper, $10, which features a removable catch for clippings and can adjust for left-hand use.

...lip balm

GUY-Q: Men's lips need conditioning just like yours. Your balm may be too glossy, but works in a pinch. A fast-absorbing balm with a no-shine finish will keep him out of your purse.

TRY: 5. John Allan's Lip Spearmint Lime, $7, which has protective green tea, moisturizing shea butter and vitamin E.

—Erica Metzger

GNC



"I've always believed
that beauty comes from within."



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BEAUTIFUL SUMMER Skin 1,2,3

Our easy three-part plan will help you unveil your softest, smoothest, sexiest skin

BY DIDIER GAULT PR BY CARLA ENGLE WRITTEN BY PATRICIA

1. Prep

It's the night before the debut of your brand-new bathing suit but you've suddenly realized that the skin on your arms and legs—and especially your feet—is definitely not ready to face the public. Before you search for a head-to-toe cover-up, consider this: Transforming the rough skin on your arms, legs and feet—the result of extreme moisture loss during the long, cold winter months—is a matter of taking a few simple steps the night before.

- **Exfoliate:** Your silky skin is hiding—you just need to coax it to the surface with exfoliants. (Exfoliating also helps to remove the extra-dry patches on your knees and elbows, crucial for good self-tanning results.) A basic scrubbing brush sloughs off dry skin without too much elbow grease and should be used on dry skin immediately before or even in the shower. Scrubbing washes also work quickly; some have the extra benefit of cleansing your skin, too. Or try a body mask, which extracts impurities from your skin. Masks require a bit more time (about 20 minutes) but are worth the extra effort.
- **De-fuzz:** No doubt about it—you must rid yourself of any errant hairs. And whether you're a fan of razors, depilatories or at-home waxing kits, the key word this summer is easy, even for sensitive skin types, thanks to more effective yet gentler removal formulas.
- **Self-tan:** Everyone benefits from a little boost of color, especially at the start of the summer. Get it with a self-tanner, which puts you in the driver's seat, allowing you to customize just how dark you want to be. Choose from gels, creams and lotions—even towelettes.
- **Make your feet sandal ready:** Feet really get the worst of it during winter. Take a look down below—most likely, you'll be greeted with dry tootsies that are crying out for extra moisture. The solution's easy enough. Scrub away any dry spots with a pumice stone or a scrub formulated with rich emollients to treat the especially rough skin on soles and ankles. Finish with a generous coating of foot-friendly moisturizer. CONTINUED



YOUR PREPPING KIT

Dr. Scholl's For Her Foot Softening Balm, $5.99, rids feet of dry patches with alpha-hydroxy acids and moisturizes with shea butter and glycerin.
ALSO TRY: Sally Hansen Just Feet Spa Sugar Scrub, $6.50, works well before moisturizing feet.

Shiseido Suncare Brilliant Bronze Tinted Self-Tanning Gel, $28, is infused with shimmer, which helps your faux tan look even more authentic.
ALSO TRY: L'Oréal Paris Sublime Bronze Self-Tanning Towelettes for the Face, $9.99, are premoistened with single servings of self-tanner.

Target Two-In-One Massage Brush, $4.99, has bristles for exfoliation and massaging nubs to boost circulation.
ALSO TRY: Avon Planet Spa Arizona Hot Sands Smoothing and Toning Body Clay, $7.50, works with body heat to firm skin and remove impurities.

Parissa 2 in 1 Roll-On Body Sugar, $19.99, is a microwavable waxing kit with an ergonomically designed dispenser, two sizes of applicator heads for body and face, and 20 reusable strips.
ALSO TRY: Schick Intuition Plus Razor with Moisture-Rich Shea Butter, $8.99, comes with its own shaving cream.

2. Pamper

Now that your skin is utterly smooth, hairless and faux-tanned, it's time to slather on the moisturizers. The summer months don't deplete your natural moisture nearly as much as the winter months do, but because skin cannot maintain optimum hydration levels on its own, you're going to have to help it along. Luckily, today's moisturizers go way beyond simple hydration. We're especially excited about moisturizer and self-tanner hybrids that are formulated with low levels of DHA, the self-tanning ingredient. Not only are hybrid formulas a more foolproof alternative to traditional self-tanners, but they're also super-moisturizing, with versions for both the body and the face. Apply them every day and watch as your new color emerges over the course of a few days. The other big news this summer: body moisturizers made with gentle antiaging ingredients—for firming and cell renewal—typically found in facial moisturizers. CONTINUED



YOUR PAMPERING KIT

Victoria's Secret Spa Daily Firming Lotion, $20, conditions skin with marine extracts and improves appearance with caffeine.
ALSO TRY: AquaTanica Spa AquaSculpt Body Firming Cream, $25, tones and firms with seaweed and algae extracts.

Dove Energy Glow Daily Moisturizer with Subtle Self-Tanners, $6.99, is both a rich body lotion and a color enhancer.
ALSO TRY: Banana Boat EveryDay Glow Moisturizer, $5.79, is also oil-free.

Vaseline Intensive Care Renewal Age Redefining Body Lotion, $3.99, replenishes moisture and encourages cell renewal with alpha-hydroxy acids, collagen and pro-retinol.
ALSO TRY: Nivea Body Age Defying Moisturizer, $8.99, replenishes skin with creatine.

Jergens Natural Glow Face Daily Moisturizer, $6.99, gradually brightens your complexion with low levels of self-tanner as well as with erythrulose, an ingredient typically found in expensive self-tanners that produces more naturally golden tones.
ALSO TRY: Olay Touch of Sun Daily UV Facial Moisturizer, $12.99, hydrates, adds subtle color and protects with SPF 15.

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FASHION FOCUS
Want a swimsuit that will accentuate your golden summer skin? Try a maillot—solid, animal striped or printed—to complement your color. Brown maillot, shown here, Michael Kors, $128. Striped swimsuit, page 40, Lauren by Ralph Lauren, $90. Printed halter suit, page 43, MICHAEL Michael Kors, $98.

3. Protect

You've heard it countless times but it still bears repeating: Shielding your skin from the sun is the best investment you can make for your skin's future. And before you rattle off the reasons that you don't wear sunscreen as often as you know you should, think about this: Sunscreen is now better than ever—more convenient, more transparent, more resistant to water and sweat and loaded with more antioxidants to help boost your skin's natural protection capabilities. Approximately 30 minutes before heading outside, cover your entire body with sunscreen. Make sure to apply a generous amount; dermatologists recommend at least two tablespoons' worth. Also, while you get 88 percent protection against UVB rays (the rays that burn your skin) with SPF 15, SPF 30 provides 95 percent protection—allowing you to stay outside a bit longer. Of course, you also need protection from UVA rays, which are responsible for premature skin aging, so always look for a sunscreen that protects against both types of rays. One last note: Reapply often. Most experts suggest doing so at least every two hours.

YOUR PROTECTING KIT

Almay Sun Protector for Face SPF 30, $8.99, offers high protection in a hypoallergenic formula, so it won't clog pores.
ALSO TRY: **Lumene Sun On the Go, $18.99, has an SPF 40 for the face and lips.**

SkinCeuticals Physical UV Defense SPF 30, $34, contains chemical-free sunscreens that offer complete UVA and UVB protection, ideal for sensitive skin.
ALSO TRY: **Aveeno Continuous Protection Sunblock Lotion SPF 45 for Body, $10.99, offers additional protection with vitamins C and E.**

Neutrogena Fresh Cooling Body Mist Sunblock SPF 45, $9.49, is a refreshing, waterproof spray with long-lasting and stable UVA and UVB protection.
ALSO TRY: **Coppertone Continuous Spray SPF 30, $9.99, is great for even coverage that doesn't need to be rubbed into the skin.**

Clarins Sun Wrinkle Control Eye Contour Care SPF 30, $24.50, offers superior protection for the delicate eye area with micronized mineral ingredients.
ALSO TRY: **Hawaiian Tropic Ozone Sport Sunblock Lip Balm SPF 45, $1.99, is both emollient and protective.**





Stress-Free Swimwear

PICKING A BATHING SUIT IS EASY FOR A LUCKY FEW. BUT FOR THE REST OF US, THESE FLATTERING SUITS TAKE THE PAIN OUT OF TAKING THE PLUNGE!

WRITTEN AND STYLED BY SUE ERNETA

Tank You ^

Clockwise from top left: L.L. Bean's new Shape Solvers—like this sporty suit, $89—feature superstrong Lycra that shapes and flatters. Calvin Klein's square-neck tank, $98, sports delicate white piping that slims the silhouette. Lands' End's Slender Suit, $62, is for every body: It comes in sizes up to 26W. Channel your inner Bond girl with this Anne Cole green-belted maillot, $94.

Black Beauty >

From left: This Miraclesuit halter style, $126, has more Lycra than most suits, so you feel tucked in and smooth all over. A sleek Calvin Klein maillot, $92, looks minimizing and modern with its thin one-shoulder strap. Anne Cole Studio's one-piece, $114, features a ruched V-shape that elongates the torso. Try this vintage-style Lands' End swimsuit, $80, with a skirted hem. It makes sexy curves appear and hides what you don't want shown. CONTINUED



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It turns out the secret
to younger looking skin
is younger skin.



Younger skin stays smooth and vibrant
regularly. As you age, this natural rege
skin dull and dry. New Vaseline Rene
ability to regenerate, leaving it looki

Super Shapely >

From left: Go one-piece sexy with this coral maillot from MICHAEL Michael Kors, $98. It offers a splash of color as well as comfortable support. Wrap suits offer an optical illusion that flatters any figure. Try this taupe style from Miraclesuit, $116, for a sophisticated look. A more customized fit can be yours with this empire-waist bathing suit, Lauren by Ralph Lauren, $90. Just slide the adjustable straps and add the optional cups. This Lands' End surplice wrap suit, $80, holds everything in. And with a built-in underwire bra, you'll have all the support you need. A ruffle-trim suit from La Blanca by Rod Beattie, $86, has a shelf bra so you can show off your assets while covering up with a lower-cut leg.



Prints Charming >

Clockwise from bottom left: This tie-front maillot from DKNY, $92, has an optical print that twists and turns around the torso, creating a sexy line. Anne Cole Studio's patterned maillot, $148, disguises any tummy bumps. You'll find myriad reasons to love this Michael Kors swimsuit: a deep-plunge neckline to elongate, a skirted bottom for coverage and a tropical print to camouflage anything you want to hide.





Tummy-Tuck ^ Tankinis

From left: A green and navy Nautica halter tankini (top, $52, and bottom, $38) is sporty and body friendly. The long top covers up while a high-waisted bottom holds you in. This chic Ann Taylor Loft paisley halter top, $34, looks stylish while the navy boy shorts, $29, disguise problem areas. The saturated color of this red MICHAEL Michael Kors tankini (top, $58, and bottom, $38) will actually draw attention to your curves in all the right ways.

Where to Find It, page 226

LHJ.com **Find the perfect swimsuit for your figure. Visit www.lhj.com/swimsuit**

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Abbey chose Blushing Beauty.
Emma chose Spring Violet.
I chose Ace.





Thousands of colors. Helpful advice.
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INTO THE BLUE

Stay cool and chic even when summer sizzles in these beautiful blue print tunics, tops, shorts, skirts and dresses



Slip away to your favorite summer spot—across the ocean or across town—and indulge in a little time together. You'll steal the scene in an intriguing Moroccan tile-print shirt. The look is cool, crisp and great for a casual day with shorts, jeans or even over a bathing suit. Shirt, Ann Taylor Loft, $39. Skirt, Sisley, $64. Sunglasses, Yves Saint Laurent. Bracelet, Catherine Canino at Notanonymous. On him: Shirt, Kenneth Cole, $88. Sunglasses, Emporio Armani, $150.

Opposite page: This is as close to perfect as summer gets. After a long day at the beach, lounge contentedly on a pile of soft printed pillows. Clad in an eyelet shirt, print bikini top and aquamarine and ecru pants, you're ready for a simple dinner at home, a neighbor's barbecue or the big summer cocktail party. Shirt, Coldwater Creek, $69. Bikini top, Banana Republic, $42. Pants, Tocca, $175. Bracelet, Island Designs at Notanonymous, $20. On him: Shirt, Eddie Bauer, $19.50.

PHOTOGRAPHED BY DIDIER GAULT WRITTEN AND STYLED BY CARLA ENGLER



Home Highlights: The tile-print trend is hot in home décor, too. Choose from sheets, towels, trays, dishes and tablecloths that look as if they'd come straight from a Moroccan palace. See "Where to Find It," page 226, for information on pillows shown here.





Opposite page: In the act of wearing a fabulous dress in this exotic *Arabian Nights* print jersey dress that's cool and comfortable yet very sexy. It's a perfect "dress up for dinner" outfit but looks equally great for daytime, too. Dress, Tibi, $242. Thick silver bracelet, Coldwater Creek, $29. Silver bangles, Island Designs at Notanonymous, $30. On him: A spicy cinnamon-brown [illegible] and royal [illegible] to your wardrobe. [illegible] it gets. Top, City [illegible] Skirt, Dress Barn, [illegible]

BEAUTY BONUS: Give your lips a summery glow with The Lip Scrub, $20. Rub the exfoliating sugar granules over your mouth to get rid of dead skin, leaving [illegible]





Opposite page: Explore the scenery together in a free and easy navy-and-white batik-print top and navy linen circle skirt with white abstract embroidery. Top, $69.50, skirt, $99.50, both MICHAEL Michael Kors. Silver cuff, Ben Amun, $60. Bangles, vintage Moroccan. On him: A pale-blue cotton shirt with subtle white floral stitching looks great untucked over beige-and-white seersucker pants. Shirt, $88, pants, $78, both Calvin Klein. Sandals, Agnès B.

This page, top right: You won't even notice the humidity in this lightweight feminine paisley cotton empire slip dress, and its leather and wooden bead straps serve as built-in accessories. Dress, Banana Republic, $128. On him: There's no shortage of smart new tile prints for him to choose from, especially in this season's summer shirts. This navy-and-white one is from Tommy Hilfiger, $60.

Bottom right: Combining a bold print like this navy-and-white graph-patterned three-quarter-sleeve cotton top with a new tile print is the kind of modern mixing you should try. A bold bead-tie necklace is a confident, fun touch. Top, Tocca, $115. Necklace, PONO by Joan Goodman, $225. On him: A striped cotton long-sleeved tee is a surprising and attractive alternative to a collared shirt. Shirt, Banana Republic, $38.

Where to Find It, page 226



For toned arms, go to www.lhj.com/tonedarms

Opposite page: Get caught up in the moment in a breezy peacock blue-and-brown tropical-print slip dress that flatters every body. Dress, City Unltd., $129. Necklace, Banana Republic, $42. On him: He won't lag behind style-wise in this attractive striped linen shirt and white shorts. Shirt, Eddie Bauer, $49.50. Shorts, Old Navy, $24.50.

BEAUTY BONUS: Save your skin this summer with Coppertone WaterBabies Sunscreen Lotion in SPF 50, $8.99. The tried-and-true formula is gentle on the skin and protects against UVA and UVB rays.

This page: You'll take this serene scene home with you and enjoy it for months to come, but while you're there, nothing says "relaxed" more clearly than this pretty navy-and-white medallion-print ruffled shirt and long white shorts. The look is dressy and casual at the same time. Shirt, Tory Burch, $195. Shorts, Tommy Hilfiger, $49. Cuff, Ben Amun, $105. Bangles, vintage Moroccan. On him: A cotton jersey shirt and white jeans spell elegant casual perfectly. Shirt, $150, jeans, $225, both Michael Kors. Watch, MICHAEL Michael Kors, $150.

Where did we find these sublime summer scenes? The luxurious but wonderfully low-key Malliouhana Hotel & Spa on Meads Bay, Anguilla, British West Indies. The Malliouhana's double rooms and suites are on the bluff, beach or garden, all steps away from a pristine mile of white sand and clear turquoise water. A full-service spa is also part of the property. Visit *www.malliouhana.com* or call 800-835-0796 for information and reservations.


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by BRETT GRAFF



The Truth About Time-Shares

This vacation option is more popular than ever, but is it really a smart investment?

Time-shares—those vacation deals that let you purchase in perpetuity a week or so every year at a given destination—have changed a lot since the bad old days of the 1970s. Back then the market was unregulated: Among the developers who snapped up unsold condos and sliced them into blocks of time to sell to vacationers there were some dishonest operators who sold promises they couldn't keep—nonexistent amenities such as spas and pools—for cash they didn't return. What's more, their unsavory sales tactics included high pressure and outright lies, the biggest being that time-share units were lucrative real-estate investments.

The time-share industry has come a long way since then. Today, thanks to changes such as new consumer protections, increased flexibility and the emergence of established hotel chains as time-share providers, this vacation option is more popular than ever, with 3.9 million American owners. But one important factor has not changed: Most time-shares are still not a good investment because they do not appreciate. In fact, pitching a time-share for investment purposes in most states (unless the company selling the property is registered with the SEC) is now prohibited by law in this country, according to David Sampson, a time-share attorney at Baker & Hostetler, a Los Angeles law firm. "If you buy a time-share, it should be solely for your own consumption and use, not for any resale value," he says.

Technically a traditional time-share *is* real estate—you actually receive a deed for a fraction of the property you share with all of the many other owners. But don't be fooled: In most cases, time-shares sell for a mere fraction of their original value. "Just as any product on the secondary market, resold time-shares don't come with the same warranties and bells and whistles and may not be eligible for certain developer benefits, such as frequent guest services and preferential rates," explains David Gilbert, executive vice president, of resort sales and marketing at Interval International, a vacation exchange company. Buyers are also wary because taking on someone else's property can mean assuming any past-due fees or mortgage payments. Owners who want to get rid of a time-share frequently feel they have no recourse but to take a significant loss if they want to free themselves from the ongoing financial obligations.

On average, when you purchase a new two-bedroom time-share, you CONTINUED


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pay about $17,000 up front, according to the American Resort Development Association (ARDA). In addition, you're responsible for annual maintenance fees, which average $505 nationally, and property taxes, which run approximately $75. Periodically, assessments may be made to fix a leaky roof or upgrade a swimming pool. By contrast, if you had simply invested $17,000 in an average S&P 500 stock portfolio 10 years ago, calculates Maury Harris, chief U.S. economist at UBS Securities, in Stamford, Connecticut, you'd now have almost $40,000. For the same outlay, your 10-year-old time-share would be worth much less if you sold it.

"A time-share can result in savings when you calculate the cost of hotels year to year"

But even though a time-share isn't generally an investment, it can still add up in terms of savings when you calculate the cost of paying for a quality hotel year after year, because having prepaid for your stay protects you against the room-rate inflation at hotels. "If I buy a time-share at $15,000 and I spend $500 a year in fees and taxes, then over 10 years it will cost me $20,000 to vacation," says Howard Nusbaum, president and CEO of ARDA. "Had I rented two rooms in a gorgeous two-bedroom resort each year, it would have cost me $42,000."

A NEW KIND OF "POINT" PLAN

Nevertheless, time-shares are not necessarily a value for everyone, and vacationers should look closely at all the financial factors before signing on the dotted line. For instance, although it's comforting to have the reputations of recognized brand names such as Disney, Marriott and Hyatt underwriting your timeshare, these institutions operate on point systems, rather than as traditional properties you purchase. Points are vacation currency that can be redeemed at any of a company's resorts, and buying a point does offer vacationers flexibility—you can frequently stay at a variety of resorts and room types at different times of year. However, point programs often do not protect against inflation, says Lisa Ann Schreier, author of *Time-Share Vacations for Dummies*. "That means if you buy 100 points a year for the next 40 years based on the current cost of a Hawaiian vacation, and your plan isn't inflation-proof, you may need 110 points the next year, and even more in years to follow, just to afford the same vacation," she says. "And that means spending more money every year." If a point plan you're considering isn't inflation-proof, Schreier advises scrutinizing the plan's cost-increase records for the past few years to gauge what kind of raises you should expect.

FACTS ON FINANCING

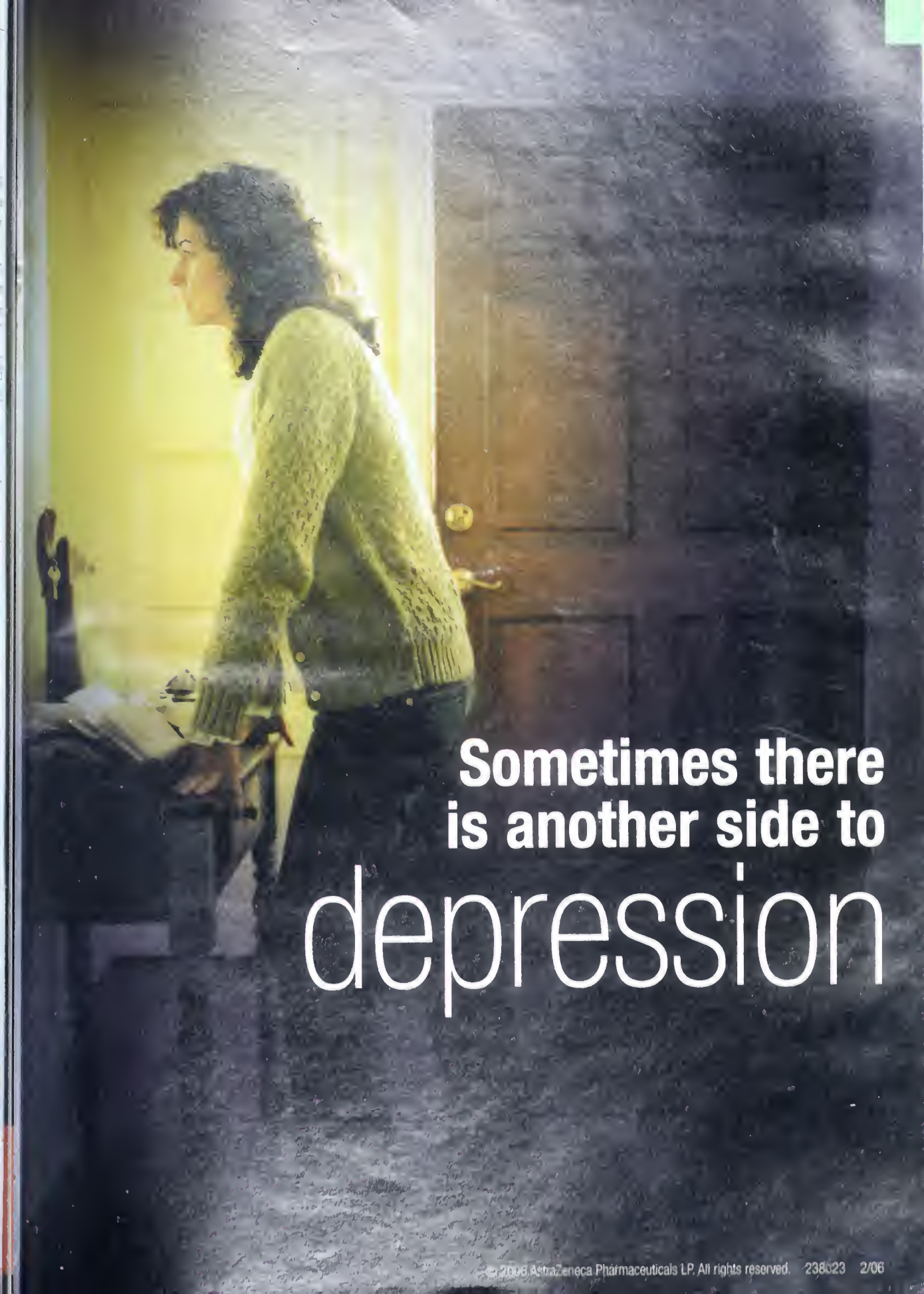
Another potential pitfall is financing. Prospective buyers who attend time-share sales presentations will invariably be offered financing, says Schreier, but beware. These loans are often in the 17 percent interest range. "Before you sign anything, check to make sure there's no penalty for paying off the loan early," Schreier recommends. "That way you can find alternative financing at better rates."

THE LONG HAUL

Above all, you need to consider the long term. With a traditional time-share, you're an owner for life and your heirs, and theirs, will inherit the property—and its liabilities. If you're not sure that you'll want to continue resort vacationing and paying fees for more than 20 years or so, or if you think that your children will see the time-share as a financial burden, you may want to reconsider or look for a right-to-use time-share. Common in Mexico, these allow you to have a reserved week at a resort, but only for a specified number of years.

If you do need to unload a time-share, your choices are limited. You will most likely lose money on a resale. Another option is to donate your time-share to charity, which is possible only as long as it is mortgage-free. "The IRS lets you treat a time-share gift to charity as a real-estate donation," says Lisa Tisdel, donations coordinator of Donate for a Cause, a Bozeman, Montana–based organization that facilitates these transactions. "That means you can take a $5,000 charitable deduction without getting an appraisal. If you think the donation is worth more, you can claim it, but you'll need to have the property appraised." Your final option is simply to return the property to the developer—for nothing.

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It could be bipolar disorder

Like many people with depression, treatment may have made you feel better. But after you stopped feeling "down," maybe you started feeling way "up." You may not realize that these symptoms could be the manic side of bipolar disorder.

Depression is often recognized first. There may be weeks, months, or even years between your high and low moods.

No one's to blame. Bipolar disorder is a chemical imbalance and millions are undiagnosed or diagnosed incorrectly.

You may need treatment for bipolar disorder, not for depression. Your doctor needs to know about all of your symptoms to make the correct diagnosis and to prescribe treatment to control your ups as well as your downs.



swer the questions on the right. Take them to your ctor and discuss your symptoms. To learn more about olar disorder, call or go online.

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Detach here

The first step to getting better.

People with bipolar disorder can live full lives with appropriate treatment. You can, too. Only a health care professional can evaluate, diagnose, and prescribe appropriate treatment. But you can start by answering the questions* below, which are intended only to help you talk to your doctor. Regardless of your answers, be sure to share them with your doctor.

1. **Has there ever been a period of time when you were not your usual self and...**

   ...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?

   ...you were so irritable that you shouted at people or started fights or arguments?

   ...you felt much more self-confident than usual?

   ...you got much less sleep than usual and found you didn't really miss it?

   ...you were much more talkative and/or spoke much faster than usual?

   ...thoughts raced through your head and/or you couldn't slow your mind down?

   ...you were so easily distracted by things around you that you had trouble concentrating or staying on track?

   ...you had much more energy than usual?

   ...you were much more active and/or did many more things than usual?

   ...you were much more social or outgoing than usual—for example, you telephoned friends in the middle of the night?

   ...you were much more interested in sex than usual?

   ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

   ...spending money got you or your family into trouble?

2. **If you checked "YES" to more than one of the above, have you experienced several of these during the same period of time?**

3. **How much of a problem did any of these situations cause you (like being unable to work; having family, money, or legal problems; and/or getting into serious arguments or fights)?**

   No problem — Moderate problem

   Minor problem — Serious problem

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The Right to Rivalry

Since there's no way to get sisters *not* to fight, the only thing to do is teach my girls the art of restoring peace



Sasha, left, and Anna each snuggle one of their hand-raised pet chickens

At the moment Anna is in her room, sobbing, and Sasha is in her room, sobbing, and I'm exhaling, holding the bridge of my nose.

A double time-out, that's what we've got going on here. In our house, it's automatic. I don't want to hear who started the fight or who did what to whom first—if you shout at each other or call each other names, you're both in trouble.

For the record, here is what I know of this latest battle: Apparently Anna asked Sasha a question, which Sasha ignored, so Anna asked it again and again, and Sasha continued to ignore her (at 4 years old, Sasha knows ignoring her elder sister is her only real power), and so Anna got frustrated and threw Sasha's stuffed unicorn into the toilet. Something like that. I called for the double time-out. I put the unicorn in the washer, on gentle cycle, and afterward placed it outside in the sunlight to dry.

Sometimes when I talk to friends whose children are too young to fight and recount for them a moment when one of my girls flung sand in her sister's eyes, they look at me with a mixture of horror and concern. *Is something wrong with her children?* I see them thinking. Are the fights a sign of some serious trouble? Is family counseling in order to assure that these girls grow into adults who will love each other and want to hang out together and stay connected?

"They're *siblings*," I say. "Siblings are *supposed* to fight."

Supposed to fight? Yes, I think so. My sister Claire and I used to, for example, beat the tar out of each other. Okay, so I beat the tar out of her. *But she started it! It wasn't my fault!*

Ahem. Sorry. The thing is, Claire was my best friend. Pick any perfect afternoon: the two of us, in the basement, watching cartoons. Could anything make the moment more splendid? Yes, in fact—one day I vividly remember thinking that some licorice would. At a commercial, I decided to run upstairs to the kitchen to get the bag.

"Saved, saved, saved and you can't have it!" I said to Claire, as I popped out of *my* chair (the *green* chair, the *best* chair). You had to pat the chair as you said the CONTINUED

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The fruity snack kids will adore.

(Who says you can't buy love?)



Introducing New Yogos™ from Kellogg.

Fruity inside

Yogurty outside

The [illegible] snack with colorful, creamy, delicious fruity chewy centers [illegible] fruit snack aisle.

incantation. Those two actions, when combined, saved your seat. This "law" was sacred.

So I got the licorice—some for myself and also, generously, thoughtfully, some for Claire. I returned to the basement, all happy and with a full heart, only to find that *Claire was in my chair.*

"*Uh,* get up," I said.

"*Huh?*" she said.

"You stole my seat." I replied. "I said, 'Saved, saved, saved and you can't get it.'"

"What are you talking about?" she said, looking at me as if perhaps we were meeting for the first time.

"*You stole my seat!*" I said again and again, horrified by the blatant violation of a law that had never before been violated. "You can't just break the law!"

She looked at me. "I have *amnesia*," she said. "What is your name? Do you know my name? Help!"

"*You can't just get amnesia!*" I said. (There was a lot of amnesia on TV in the '70s.)

"Yes I can!"

"No you can't!"

"Yes I can!" And so it went until finally, with no other recourse, I flung my body at her and attempted to beat her living brains out. I was strong. She was weak. I would usually win. She would cry to my mom. I would cry to my mom, while attempting to explain. One good thing about my mom was she taught us the meaning of the word *instigator.* The person who instigated the fight was every bit as responsible as the one who threw the first punch—that was her reasoning. If we fought equally both of us got in trouble equally. Sobbing, we'd be banished to our rooms.

The thing is, Claire is still my best friend 35 years—and 350 fights—later. Our fights were never personal. Our fights, I see now, were probably just practice lessons on how we would go into the world dealing with matters of injustice. I see that so clearly now because I see it happening with my own daughters.

One day, in the driveway, my daughters were fighting over an empty Doritos bag. Each had hold of one end and they were yanking, growling and yanking. "Girls, you are fighting over an empty bag," I pointed out.

"I had it first!" Sasha said. "I was going to make it into a shoe!"

"But *I* said I was going to make it into a shoe!" Anna said. "I *called* it!"

"But I *had* it first," Sasha said. "It's not fair!"

The thing I've learned from my girls is that the content of any given fight is meaningless. The fights are really never about the *thing* they're fighting over. No, the fights always come down to two things: being fair. And being first.

Equality. And claiming your "God-given" right. That might not seem like such an important discovery, but watching my girls come to near blows over nothing teaches me a lot. I watch politicians battle over issues of equality. I watch whole countries go to war over interpretations of "God-given" rights.

> My girls' fights come down to two things: being fair and being first

And I look at my girls fighting over an empty bag. Inevitably, the fight will escalate. One will kick "by mistake" or another will call the other a hurtful name. I'll take the bag away and declare a double time-out.

Then comes the opportunity for a lesson. My mother taught Claire and me the lesson. The best thing about fights, I think, is they give parents the opportunity for a lesson.

Right about now it's time to release my girls from the unicorn-in-the-toilet time-out. I knock on Anna's door. "Are you ready to come out and apologize?" If she says, "Only if Sasha apologizes first," in some snide and snippy way, I'll know she's not ready. But she simply nods. I lead her to Sasha's room. "I'm sorry," she says. At this point Sasha says, "I'm sorry, too." Then comes: "I forgive you," and "I forgive you, too." It's over.

That's it. You both say you're sorry. You both offer forgiveness. It's a pretty simple lesson. I can't, of course, insist that either of my girls truly *mean* the apology, or the forgiveness. As a parent my job is to at least insist on the ritual—so that one day, when they face issues of real conflict resolution, they'll have access to it. More often than not, peace is a deliberate act.

"You want to play dress-ups?" Anna asks Sasha.

"Sure!" says Sasha. "I'll be the princess and you be the kitty."

They get out the feather boas, the flowered skirts and the crowns. We have, for the moment, peace and harmony in our little kingdom once again.

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When it comes to bad cholesterol–

Ask your doctor if lower is better.

etting high cholesterol down important.

octors know lowering high cholesterol is portant for everyone. But for some people, s even more important. In fact, a panel of edical experts recently proposed updated idelines suggesting many patients aim for even lower cholesterol goal than before.*

orking with your doctor key to helping you reach ur cholesterol goal.

after all you've tried—including diet d exercise—your doctor believes you ed to get your bad cholesterol even wer, ask whether CRESTOR might help.

m lower.

RESTOR may make the difference you need. fact, the 10-mg dose of CRESTOR, along th diet, can lower bad cholesterol by as much 52% (vs 7% with placebo). That means ur LDL-C—the bad cholesterol—could down about half. Your results may vary.

CRESTOR right for you?

at's another conversation you need to ve with your doctor. Your doctor will cide the best course of treatment for u after assessing your particular needs.

Get more information about CRESTOR.

arn more about CRESTOR, or if you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help. Call 800-CRESTOR or visit CRESTOR.com.

Here is important safety information about CRESTOR you need to know.

CRESTOR is prescribed along with diet for lowering high cholesterol and has not been determined to prevent heart disease, heart attacks, or strokes. CRESTOR is not right for everyone, including women who are nursing, pregnant, or who may become pregnant, or anyone with liver problems. Your doctor will do blood tests before and during treatment with CRESTOR to monitor your liver function. Unexplained muscle pain and weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. The 40-mg dose of CRESTOR is only for patients who do not reach goal on 20 mg. Be sure to tell your doctor if you are taking any medications. Side effects occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea. They are usually mild and tend to go away.

If your doctor says,
"lower is better," aim lower with CRESTOR.

CRESTOR
rosuvastatin calcium

Treatment Panel (ATP) III, Update, 2004

e read the important Product Information about CRESTOR on the adjacent page and discuss it with your doctor.

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Please read this summary carefully and then ask your doctor about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

BRIEF SUMMARY: INDICATIONS AND USAGE

CONTRAINDICATIONS

Pregnancy and Lactation

WARNINGS Liver Enzymes

It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter.

Myopathy/Rhabdomyolysis Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class.

Concomitant cyclosporine (see WARNINGS, Myopathy/Rhabdomyolysis, and DOSAGE AND ADMINISTRATION) **Warfarin.** Coadministration of rosuvastatin to patients on stable warfarin therapy resulted in clinically significant rises in INR (>4 baseline 2-3). In patients taking coumarin anticoagulants and rosuvastatin concomitantly, INR should be determined before starting rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs. Once a stable INR time has been documented, INR can be monitored at the intervals usually recommended for patients on coumarin anticoagulants. If the dose of rosuvastatin is changed, the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** Coadministration of a single rosuvastatin dose to healthy volunteers on gemfibrozil (600 mg twice daily) resulted in a 2.2- and 1.9-fold respectively, increase in mean C_{max} and mean AUC of rosuvastatin (see DOSAGE AND ADMINISTRATION). **Endocrine Function** Although clinical studies have shown that rosuvastatin alone does not reduce basal plasma cortisol concentration or impair adrenal reserve, caution should be exercised if any HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones such as ketoconazole, spironolactone, and cimetidine. **CNS Toxicity** CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in dogs, at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. Edema, hemorrhage, and partial necrosis in the interstitium of the choroid plexus was observed in a female dog sacrificed moribund at day 24 at 90 mg/kg/day by oral gavage (systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons). Corneal opacity was seen in dogs treated for 52 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks by oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC. Doses ≤30 mg/kg/day (systemic exposures ≤60 times the human exposure at 40 mg/day based on AUC comparisons) following treatment up to one year did not reveal retinal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertilrty** In a 104-week carcinogenicity study in rats at dose levels of 2, 20, 60, or 80 mg/kg/day by oral gavage the incidence of uterine stromal polyps was significantly increased in females at 80 mg/kg/day at systemic exposure (0 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 107-week carcinogenicity study in mice given 10, 60, 200 mg/kg/day by oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day at systemic exposures 20 times human exposure at 40 mg/day based on AUC. An increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic with or without metabolic activation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay, and the chromosoma aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the *in vivo* mouse micronucleus test. In rat fertility studies with oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout mating until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day (systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons). In testicles of dogs treated with rosuvastatin at 30 mg/kg/day for one month, spermatidic giant cells were seen. Spermatidic giant cells were observed in monkeys after 6 month treatment at 30 mg/kg/day in addition to vacuolation of seminiferous tubular epithelium. Exposures in the dog were 20 times and in the monkey 10 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy** ***Pregnancy Category X*** See CONTRAINDICATIDNS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are or may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid at 3% and 20% respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation day 16 in rats. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rabbits after a single oral gavage dose of 1 mg/kg on gestation day 18. If this drug is administered to a woman with reproductive potential, the patient should be apprised of the potential hazard to a fetus. In female rats given oral gavage doses of 5, 15, 50 mg/kg/day rosuvastatin before mating and continuing through day 7 postcoitus results in decreased fetal body weight (fen ale pups) and delayed ossification at the high dose (systemic exposures 10 times human exposure at 40 mg/day based on AUC comparisons). In pregnant rats given oral gavage doses of 2, 20, 50 mg/kg/day from gestation day 7 through lactation day 21 (weaning), decreased pup survival occurred in groups given 50 mg/kg/day, systemic exposures ≥12 times human exposure at 40 mg/day based on body surface area comparisons. In pregnant rabbits given oral gavage doses of 0.3, 1, 3 mg/kg/day from gestation day 6 to lactation day 18 (weaning), exposures equivalent to human exposure at 40 mg/day based on body surface area comparisons, decreased fetal viability and maternal mortality was observed. Rosuvastatin was not teratogenic in rats at ≤25 mg/kg/day or in rabbits ≤3 mg/kg/day (systemic exposures equivalent to human exposure at 40 mg/day based on AUC or body surface area comparison respectively). **Nursing Mothers** It is not known whether rosuvastatin is excreted in human milk. Studies in lactating rats have demonstrated that rosuvastatin is secreted into breast milk at levels 3 times higher than that obtained in the plasma following oral gavage dosing. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from rosuvastatin, a decision should be made whether to discontinue nursing or administration of rosuvastatin, taking into account the importance of the drug to the lactating woman. **Pediotric Use** The safety and effectiveness in pediatric patients have not been established. Treatment experience with rosuvastatin in a pediatric population is limited to 8 patients with homozygous FH. None of these patients was below 8 years of age. **Geriotric Use** Of the 10,275 patients in clinical studies with rosuvastatin, 3,159 (31%) were 65 years and older, and 698 (6.8%) were 75 years and older. The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age. (See WARNINGS, Myopathy/Rhabdomyolysis.) The efficacy of rosuvastatin in the geriatric population ≥65 years of age) was comparable to the efficacy observed in the non-elderly. **ADVERSE REACTIONS** Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, 3.7% were discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, asthenia, abdominal pain, and nausea. **Clinicol Adverse Experiences** Adverse experiences, regardless of causality assessment, reported in ≥2% of patients in placebo-controlled clinical studies of rosuvastatin are shown in Table 1. Withdrawals due to adverse events in these studies of up to 12 weeks duration occurred in 3.0% of patients on rosuvastatin and 5% on placebo.

Table 1. Adverse Events in Placebo-Controlled Studies

Adverse event	Rosuvastatin N=744	Placebo N=382
Pharyngitis	9.0	7.6
Headache	5.5	5.0
Diarrhea	3.4	2.9
Dyspepsia	3.4	3.1
Nausea	3.4	3.1
Myalgia	2.8	1.3
Asthenia	2.7	2.6
Back pain	2.6	2.4
Flu syndrome	2.3	1.8
Urinary tract infection	2.3	1.6
Rhinitis	2.2	2.1
Sinusitis	2.0	1.8

In addition, the following adverse events were reported regardless of causality assessment in ≥1% of 10,275 patients treated with rosuvastatin in clinical studies. The events in *italics* occurred in ≥2% of these patients. **Body as a Whole:** *Abdominal pain, accidental injury, chest pain,* infection, pelvic pain, and neck pain. **Cardiovascular System:** *Hypertension,* angina pectoris, vasodilatation, and palpitation. **Digestive System:** *Constipation, gastroenteritis,* vomiting, flatulence, periodontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and ecchymosis. **Metabolic and Nutritional Disorders:** *Peripheral edema.* **Musculoskeletal System:** *Arthritis, arthralgia,* and pathological fracture. **Nervous System:** *Dizziness, insomnia, hypertonia, paresthesia, depression,* anxiety, vertigo, and neuralgia. **Respiratory System:** *Bronchitis, cough increased,* dyspnea, pneumonia, and asthma. **Skin and Appendages:** *Rash* and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (40 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg (4%) compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests.) Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperglycemia, glutamyl transpeptidase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (i.e., face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. **Postmorketing Experience** In addition to the events reported above as with other drugs in this class, the following event has been reported during post-marketing experience with CRESTOR, regardless of causality assessment: very rare cases of jaundice. **OVERDOSAGE** There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSAGE AND ADMINISTRATION** The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of day, with or without food. **Hypercholesterolemia (Heterozygous Familiol and Nonfamilial) and Mixed Dyslipidemia (Fredricksan Type IIa and IIb)** The dose range of CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. However, initiation of therapy with 5 mg once daily should be considered for patients requiring less aggressive LDL-C reductions, who have predisposing factors for myopathy, as noted below. for special populations such as patients taking cyclosporine, Asian patients, patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, and Renal Insufficiency, and Drug Interactions). For patients with marked hypercholesterolemia (LDL >190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. After an initiation and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. **The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR once daily (see WARNINGS, Myopathy/ Rhabdomyolysis). When initiating statin therapy or switching from another statin therapy, the appropriate CRESTDR starting dose should first be utilized, and then titrated according to the patient's individualized goal of therapy. Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTDR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be evaluated from pre-apheresis LDL-C levels. **Dosage in Asion Potients** Initiation of CRESTOR therapy with 5 mg once daily should be considered for Asian patients. The potential for increased systemic exposures relative to Caucasians is relevant when considering escalation of dose in cases where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg once daily. (See WARNINGS, Myopathy/ Rhabdomyolysis, CLINICAL PHARMACOLDGY, Special Populations, Race, and PRECAUTIDNS, General.) **Dosage in Potients Taking Cyclosporine** In patients taking cyclosporine therapy, should be limited to CRESTOR 5 mg once daily. (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIDNS, Drug Interactions.) **Concomitont Lipid-Lowering Therapy** The effect of CRESTDR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily. (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIDNS, Drug Interactions.) **Dosage in Potients With Renal Insufficiency** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment (CL_{cr} <30 mL/min/1.73 m² not on hemodialysis), dosing of CRESTDR should be started at 5 mg once daily and not exceed 10 mg once daily. see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

Informotion for Potients

Laboratory Tests

Drug Interactions Cyclosporine

NOTE: This summary provides important information about **CRESTOR**. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

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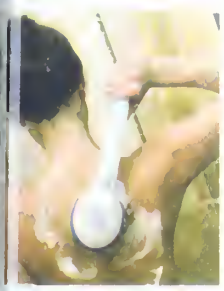
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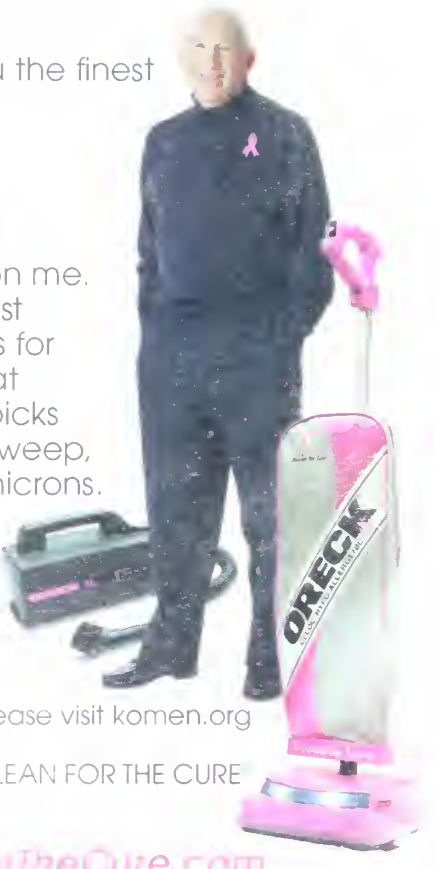
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The Friend Who Saved My Life

Has the connection between you and your best friend ever become nothing less than a lifeline? That's what happened to these three grateful women



HEART TO HEART

Caroline Crawford, left, and Geri Ann Higgins

"Nothing prepares you for the news that your husband has cancer," says Caroline Crawford. "Alan was 42, I was 31, and we had a 7-month old son, Carl. That was five years ago. The diagnosis was lymphoma of the central nervous system.

"Thankfully, my best friend, Geri Ann Higgins, was there to help get me through it. We had been friends ever since we met at Goucher College, in Baltimore. After our 1991 graduation, she moved to Burlington, Vermont, near where she had grown up, and I moved to New York City, but two years later I needed a fresh start and called to ask if she wanted a roommate. I moved in and pretty soon we both had boyfriends.

By Connie Collins

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We got married just months apart, in 1996. I had a wonderful husband in Alan, but I was concerned for Geri Ann. I just didn't think she and her husband were a good match. And I was right.

"Geri Ann eventually confided in me that even though she was trying to make her marriage work, it just wasn't. It was very hard on her emotionally and Alan supported her just as much as I did. I'd come home and find him comforting her while she sat on our couch and cried. Finally Geri Ann got divorced, early in 2001. Not long after that, in February, Alan got his diagnosis. I couldn't bring myself to tell people, so Geri Ann spread the word. Everyone was great. But Geri Ann was the best. When you've known someone that long, you don't need to talk, or even ask for help. When Alan was undergoing chemotherapy, she organized friends to buy groceries for me, helped with my housework and made sure there was someone home with Alan when I couldn't be. Basically, she was the point person. Anytime anyone asked how they could help, I said, 'Call Geri Ann.' It was just so exhausting for me to try to deal with it all.

"Before Alan started treatment, he banked his sperm. Seven weeks into treatment, he felt well enough to go back to work as a photographer. We were ecstatic. A year later, because we knew Alan's condition might not improve, I went for intrauterine insemination in the hopes that he might see his child before he died and got pregnant on the first try.

"I called Geri Ann, and then I called my parents and our friends. I was so excited and Alan was beside himself. That mood lasted all of one month before Alan's doctor told us that he had only a few more weeks to live. At that point the best choice was for him to be in a hospice. Now I had a husband who was dying and a toddler—and I was pregnant. But Geri Ann was there and she said, 'I'll take care of everything.' And she did, once again running errands, buying groceries and babysitting.

"Alan died in September 2002. The hospice called me at 8 P.M. Geri Ann came and stayed all night to look after things while I was away. Alan was conscious to the end. He died at 12:30 A.M. with me at his side. When I got home at 4 A.M., Geri Ann was there. I didn't have to walk into an empty house. I didn't have to be alone. I can't tell you what that meant.

"Six months later I gave birth to my daughter, Elizabeth. Once again Geri Ann called everybody but this time with good news. Elizabeth was baptized on what would have been Alan's and my seventh wedding anniversary, April 27, 2003. And Geri Ann is Elizabeth's godmother.

"Now Geri Ann has some good news of her own. She was married in May 2005 to a sweet, kind man. We see each other often and she's very involved with my kids. When they get older, I'll tell them how deep my friendship with Geri Ann goes and why. Alan would like that. There's a photograph of him in the children's room, smiling in the sunshine. None of us will ever forget him for a moment."

A LIGHT AT THE END OF THE TUNNEL

Sandi Lorenzen, left, and Alison Miller



"I decided to quit smoking before my 40th birthday," says Alison Miller, now 42. "I had quit once before, when my company sponsored a program run by the American Lung Association, but I only held out about three months. My husband was a smoker and without ongoing support, I caved. Pretty soon I was back up to two packs a day.

"Then in 2003 I'd had enough. I was coughing CONTINUED

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all the time and would get winded after climbing a flight of stairs. So I went to the American Lung Association Web site to look for a support group in the San Diego area. What I found was the association's online campaign, Freedom From Smoking, at *www.ffsonline.org*. The site includes information, affirmations and message boards where people can chat with one another, get questions answered and, most important, seek support. After signing up, members pick a 'quit day,' which is usually within three weeks of starting the program. Most smokers use the time before their quit day to mentally prepare themselves for what's ahead, to ask friends, family and coworkers for support, find Nicotine Anonymous classes and even to stock up on gum and hard candy. But one morning before my three weeks were over, I found I had gone 24 hours without lighting up. I immediately logged on and posted a message that said 'I think I accidentally quit smoking but I haven't followed all the steps.'

"A member named Sandi Lorenzen answered me right away and encouraged me to keep up the good work. I felt a connection with Sandi immediately. She was about my age and had been cigarette-free for five months, ever since she was diagnosed with chronic obstructive pulmonary disease (COPD)—of which emphysema is one form—an illness she was told had been caused by her four-pack-a-day habit. Whenever she felt like she might slip, she said, she went online for help.

"It wasn't easy to stop reaching for a cigarette, especially at the beginning, but every time I felt the urge I'd sit down at my computer and Sandi would be there for me. There were lots of other people, too, of course,

> "Every time I felt the urge to smoke, Sandi would be there to talk me off the ledge"

both online and off. But Sandi was my main source of help and by coincidence she lived 45 minutes from me.

"After months of chatting online, we decided to organize a meeting of members from Southern California. Sandi and I were the only two who showed up. Our friendship grew from there. Her relationship with her boyfriend was ending and I was getting a divorce, so we leaned on each other a lot. I'd be sitting in court looking over at my soon-to-be-ex and all I wanted was a cigarette. But the minute I left, I'd call Sandi and she'd talk me off the ledge. That's what we called it because she was literally saving my life.

"Not long after my divorce was finalized I met a terrific man and we just moved to Michigan to be closer to his parents, who live here, and mine, who live in western New York. Sandi has recently been promoted at the medical research facility where she works. But the best news is that her diagnosis of COPD was in error; her lungs were so damaged from years of smoking that her doctors made a mistake. Now they're almost completely clear. I'm healthy too, not just physically but emotionally. My life has never been better. And I know without a doubt that I have my dear friend Sandi to thank for that. I miss her now but I know we'll never lose touch."

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A LIFELINE OF LOVE

Tracy Wilde, left, and Wendy Ballard

"When I was 28 years old and my kids were 3 and 1, I was dying," says Tracy Wilde, now 31. "I had developed primary sclerosing cholangitis, an incurable inflammation and obstruction of the bile ducts that led to scarring and cirrhosis of the liver. I was getting sicker by the day. After seeing several local doctors, my husband and I drove 18 hours from our home, in Weaverville, North Carolina, to the Mayo Clinic, in Minnesota, to get the best care possible.

"My news wasn't good. My only hope was a liver transplant, but the waiting list for cadaver organs was long and my time was running out. Doctors told me there was a relatively new procedure using one lobe of the liver of a living donor. The organ later grows back to normal size in both the donor and the recipient. All I could think was, who in their right mind would offer to be a donor? After all, major surgery involves risks and a lot of pain. Of course, my husband and immediate family volunteered, but no one was a match for my rare blood type, O negative.

"Then my friend Wendy Ballard said she wanted to get tested. We had met at church five years earlier and became instant pals. We were pregnant with our firstborns at the same time, attended Lamaze classes together and, after our kids arrived, spent almost every day either chatting on the phone, visiting in the afternoon or shopping for baby gear. Even so, when she said she wanted to be my donor, I was reluctant to let her make such a sacrifice for me. I mean, she was 30 at the time with two little kids of her own!

"But I underestimated her. She wouldn't give up on the idea. And I'll never forget my shock when I found out we were a match. I was scared for Wendy but she was thrilled. In the late winter of 2002, we left our kids with our in-laws and traveled with our husbands to the Mayo Clinic. We had the surgery on March 22, 2002. I had to stay in Minnesota for three months while I recuperated, but Wendy was able to leave the hospital after just five days and fly home just two weeks later. In three weeks, her liver was back to its normal size; mine had returned to normal by my three month checkup in July.

"Now, like all transplant recipients, I take medication to prevent rejection but otherwise I'm totally healthy. I'm still a full-time mom and Wendy is working as a radiographer at a local hospital. Not a day goes by that I don't feel grateful to her. Right after the surgery I gave her a string of pearls and told her that she'll always be my pearl. Still, there's no way I can ever truly thank her for the gift she gave me. She'll get her gift in heaven."

For more advice on healthy friendships, visit www.lhj.com/friends

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VYTORIN® (ezetimibe/simvastatin) Tablets

Patient Information about VYTORIN (VI-tor-in)
Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant. Do not use VYTORIN if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.
- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and muscle pain (see What should I tell my doctor before and while taking VYTORIN?).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (tablets that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away), rash, hives; joint pain; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on VYTORIN. This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:
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BY LEAH BERG FELDMAN

A Bond of Love

Candice Hernandez was so close to her service alert dog that when she got married, it was clearly a case of "I now pronounce you husband, wife and dog"



"Chiper gave me back my independence," says Hernandez, in her Florida backyard

Candice Hernandez felt a tug on her train. Turning, she locked eyes with the dog nestling in the folds of her silk wedding dress. Chiper, a German shepherd/coonhound mix, stared back, playing dumb. "At least she didn't fluff it first!" says Candice, laughing at the scene from her wedding last year in a rose garden in Winter Park, Florida. "Obviously the bare floor just wasn't comfortable enough for her." Or maybe the dog—dazzling in her own doggy gown and veil—was staking out turf. "She wanted to make it clear that Tim was marrying her, too," Candice says, only half joking.

For better or for worse, Chiper always stays within licking distance of Candice: at the movie theater, in aerobics class, on the drenching Congo River Rapids, Candice's favorite ride at Busch Gardens. Her black nose even peeked out from under the tablecloth at a formal banquet the night husband Tim Escandon, 20, proposed. "It was nice having her under the table," admits Candice.

Candice, 22, is always grateful for her canine company. She suffers from epilepsy and never knows when a seizure will strike. Chiper, however, does. Anywhere from 20 minutes to three hours ahead of each attack, Chiper's mysterious sixth sense kicks in and she sounds the alarm by barking, pawing and nudging her owner. Those advance warnings give Candice time to activate a special device that makes the seizure less severe or aborts it completely.

Despite a family history of epilepsy, Candice didn't develop the disorder until November 2000 when, doctors surmise, a head trauma from a car accident triggered her first attack. One minute she was chatting with friends after chorus practice. The next she was on her back, staring at a circle of frightened faces. Within a month, the teenager, a top student who sang in three choirs, was suffering up to four seizures a day.

Having a seizure is "a marathon workout," says Candice, who had to count on school administrators who were briefed on the disorder to see her through. "Every single muscle in your body contracts tight and you can't do anything to stop it." The seizures became so frequent that Candice had to study from home her junior year.

In May 2001, after two promising medications had failed to help, Candice saw a neurologist who suggested a vagus nerve stimulator (VNS). Sometimes called "a pacemaker for the brain," VNS is a CONTINUED

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battery-powered device that prevents seizures by sending regular mild pulses of electrical signals to the brain. By passing a magnet over the implanted device whenever she first felt an aura—the distinctive sensation that signals an attack—Candice could make a seizure last just five minutes, down from 15 or 20. Although VNS wasn't a cure, it controlled Candice's seizures enough to let her take less medication and return to school for her senior year.

It was good progress but not good enough. Candice wanted even more control over her seizures, especially because of her blossoming relationship with her neighbor, Tim. She worried about the future, too. What would happen when she went to college and teachers and students didn't understand her disorder?



Chiper got dressed up for the Escandons' big day

One afternoon while watching her favorite TV show, *Unsolved Mysteries*, an answer popped out. The episode featured a girl with epilepsy, like her, who used a service dog to stay safe in exactly the types of situations Candice feared.

Using the Internet, she located Canine Partners for Life, a national organization based in Cochranville, Pennsylvania. Founded in 1989, the nonprofit group trains service dogs for people with disabilities ranging from arthritis to quadriplegia, charging recipients a fraction of the $22,000 it costs to prepare the animals (donations offset the balance). To date, the organization has placed dogs in 38 states and has a waiting list of six months to two years, although it often takes longer to get a seizure-alert dog because only six out of 25 service animals typically have the talent.

Knowing this, Candice e-mailed her application and prepared for a long wait. To her surprise, trainer Debbie Bauer called just weeks later to say, "We have the dog for you."

Candice made plans to attend a three-week orientation that October and mailed a bundle of her clothing to Chiper—who was just finishing her own two-year training—to familiarize the dog with her scent. (As many as 20 percent of the dogs in the program are rescued from shelters and humane associations; Chiper was part of a litter donated by an individual.)

When Candice arrived in Pennsylvania and met Chiper, "I just fell in love," she says. "I couldn't stop scratching her ears. She was the cutest, most beautiful dog ever."

At first there were obstacles. Candice's stubborn streak made it hard to obey a dog. "My mom used to keep after me: 'Are you sure you're not pushing yourself too hard?' and I'd blow her off, even if I knew she was right. Chiper wouldn't stand for that. I'd say, 'Oh, maybe she's not right, I feel fine,' because I wanted to do what I wanted to do. But if I ignored her, she'd give off this really sharp bark like, 'You'd better listen to me now.'" Eventually, the trainers rewarded Candice—not Chiper—with a candy every time she heeded the dog's warning.

When they finally went back to Florida, strict rules were in place to protect the bonding period: No one was allowed to interact with the dog but Candice. Chiper liked that arrangement, happily ignoring everyone but her owner and glowering at the competition: Tim. "She wouldn't even let us hug without nosing right in the middle," laughs Candice, who had been dating Tim for several months by this point. "Sometimes she'd stare him down, like, 'You're coming in between me and Mommy and I don't like you.'" Chiper is still quick to pick sides during lovers' quarrels. "If he comes to apologize after a fight, she'll get in his face," says Candice. "I have to tell her, 'It's okay, go lie down, we're fine.'"

To date, Tim has never come between them—literally. He walks on Candice's right, Chiper on her left. That's exactly how they processed down the aisle after their wedding ceremony on that day last November: husband, wife—and dog.

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"I Gambled Away Our Life Savings"





Her turn: "Rob acts as though I purposely gambled away our life savings just to hurt him and our kids," said Janet, 50, who has been married for 32 years and is the mother of a son, David, 22, and a daughter, Becky, 20. "He's so wrong! I love my family with all my heart! I'd give anything to be free of this irresistible urge to play the slots. But all Rob does is belittle me and say things like 'Why didn't you just stop?' If only it were that easy!

"He's got a right to be furious, though. He bailed me out of $35,000 of debt a year ago. I promised him I'd never gamble again but in no time I was right back at my favorite machine, 15 minutes from our home in Nebraska. Two weeks ago Rob found out I'd taken almost $50,000 out of our joint account and cashed in the kids' CDs. I paid off some of my credit cards, but there's still $50,000 more to pay. Whenever I used credit cards to borrow money to gamble with, I'd get preapproved offers with higher and higher lines of credit. I signed up for all of them. What's really scary is that even when I drained our savings to pay off as much debt as I could, I put $1,000 aside for a last hurrah, convinced I'd hit it big and make everything back. I was planning to go to the casino that very night—and would have, if Rob hadn't called me at work to say he knew everything.

"I hate the person I've CONTINUED

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become. And now that Rob and the kids have withdrawn their love, my need for a gambling high is greater than ever. When I'm not lost in the fantasyland of jackpots that might be won, all I can think is that I should drive my car off a bridge.

"It's not that I haven't tried to get help. After Rob agreed to dip into our retirement account to pay off that first $35,000, I went to Gamblers Anonymous. At the first meeting, one guy started rhapsodizing about hitting the 777s; the point was to let us in on the moment when he knew he had to quit. But I got an incredible rush. After leaving the meeting, I drove straight across the bridge from Nebraska to Iowa, where casinos are legal. I won $10,000. I went back the next day and promptly lost all of it and then some. The day after that, I took a cash advance on one of my 'little saviors,' my credit cards. Like always, I told myself I'd use the money to win everything back. I lost $3,000 that day and then at least that much for I don't know how many days in a row. It was about a year later that I went to the bank and got the cashier's checks for $50,000 and cashed in the kids' CDs. Wouldn't you know, Rob picked that day to go to the bank to deposit his monthly pension check—he's retired from the military—as well as some money from his part-time job as a chef.

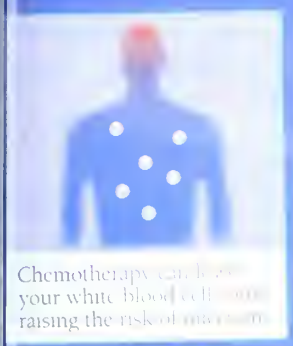
"His working nights at a restaurant is one reason I got away with all that time in the casino. That and the fact that the kids are away at college. I'd leave my job as a school secretary at 3 P.M. and come home just before Rob got in at midnight. On days he didn't work, I'd say I was shopping. My absence didn't bother him. Ever since he retired and moved near his family, he's been content to watch TV or visit his parents or brother and sister-in-law. I don't go with him because his family and I have nothing in common. They've spent their whole lives in Nebraska and I've been all over the world.

"In fact, Rob and I had an exciting and romantic life together from the moment we met. I lived near the Navy base where he was stationed and one night when I was 17, a girlfriend and I went to one of the Navy dances. I thought I'd pass out when this handsome guy in uniform asked me to dance. Soon we were dating. When he got his orders less than a year later to go to Hawaii, he asked me to marry him and come with him. Over the years we were stationed in all sorts of fascinating places. David was born in Guam and Becky in the Philippines. I'm a thrill seeker and a gypsy at heart, so I thrived on packing up and moving to each different place. My secretarial skills meant I could always land a job, and I loved meeting new people.

"Then, two years ago, Rob took early retirement. Suddenly I was also coping with an empty nest. I had no kids to take care of, a husband hooked on ESPN, neighboring in-laws I didn't like and the first symptoms of menopause. I felt bored, old and worried that my good years were behind me. Rob suggested I get a hobby, and I did: I started going to the casino with friends. At first I was a social gambler like them. But before long I was going alone so I could spend as much as I wanted with nobody watching. I'd find one slot machine and stick with it all CONTINUED

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BRIEF SUMMARY OF INFORMATION FOR PATIENTS AND CAREGIVERS

package insert provides information and receiving Neulasta or their caregivers. This everything about Neulasta. You should discuss treatment with Neulasta with your doctor.

What is Neulasta®?

a man-made form of granulocyte colony-stimulating factor (G-CSF), the bacteria *E coli*. G-CSF is a substance naturally produced stimulates the growth of neutrophils (**nu**-tro-fils), a type of white important in the body's fight against infection.

What is Neulasta® used for?

to treat neutropenia (nu-tro-**peen**-ee-ah), a condition where the white blood cells. Neutropenia can be caused by drugs used

How does Neulasta® work?

Neulasta works by stimulating the growth of neutrophils, a type of white blood To make sure Neulasta is working, the doctor will ask that the patient have blood tests to count the number of white blood cells. It is important to follow the doctor's instructions about these tests.

Who *should not take* Neulasta®?

Do not take Neulasta if you are:

- Allergic to Neulasta (pegfilgrastim) or any of its ingredients, or to NEUPOGEN (Filgrastim). See the end of this brief summary for a list of ingredients in Neulasta.
- Allergic to other medicines made using the bacteria *E coli*. Ask your doctor if you are not sure.

What important information do I need to know about receiving Neulasta®?

Neulasta can reduce the risk of infection, but it may not prevent all infections. An infection can still happen during the time when your white blood cell levels are low. You must be alert and look for some of the common signs of infection, such as fever, chills, cough, sore throat, diarrhea, or redness, swelling, or pain around a cut or sore. If you notice any of these symptoms during treatment with Neulasta, tell your doctor or nurse immediately.

Occasionally a reaction may develop at the injection site. If there is a lump, swelling, or bruising at the injection site that does not go away, talk to the doctor.

If you have sickle cell disease, make sure that your doctor knows about it before receiving Neulasta. It is important that you drink plenty of fluids if you receive Neulasta. If you have a sickle cell crisis after getting Neulasta, you need to tell your doctor right away.

Make sure to tell your doctor about all medications you are taking before starting Neulasta. If you are taking lithium, you may need more frequent

The doctor, nurse, or caregiver will usually inject the dose of Neulasta a day after the last dose of chemotherapy in each cycle. Neulasta should only be injected on the day the doctor has determined and should not be injected until approximately 24 hours after receiving chemotherapy.

More information about Neulasta is available in the physician package insert. If you have any questions, talk to your doctor.

What are possible or reasonably likely side effects of Neulasta®?

Your spleen may become enlarged and, in rare cases, may rupture while taking Neulasta. The spleen is located in the upper left section of your stomach area. Call your doctor right away if you have pain in your left upper stomach area or left shoulder tip area. This pain could mean your spleen is enlarged or ruptured.

Neulasta can cause serious allergic reactions. These reactions can cause a rash over the whole body, shortness of breath, wheezing, dizziness (a drop in blood pressure), swelling around the mouth or eyes, fast pulse, and/or sweating. Sometimes these symptoms could come back within days after stopping treatment for the allergic reaction. If you get these symptoms at any time, stop using Neulasta and call a doctor or get emergency care right away. If you have an allergic reaction during the injection of Neulasta, stop the injection right away.

The most common side effect you may experience is aching in the bones and muscles. If this happens, it can usually be relieved with a non-aspirin pain reliever, such as acetaminophen.

Some people experience redness, swelling, or itching at the site of injection. This may be an allergy to the ingredients in Neulasta, or it may be a local reaction. If you notice signs of a local reaction, call your doctor.

What about pregnancy or breastfeeding?

Neulasta has not been studied in pregnant women, and its effects on unborn babies are not known. If you take Neulasta while you are pregnant, it is possible that small amounts of it may get into your baby's blood. It is not known if Neulasta can get into human breast milk. If you are pregnant, plan to become pregnant, think you may be pregnant, or are breastfeeding, you should tell your doctor before using Neulasta.

How should Neulasta® be stored?

Neulasta should be stored in the refrigerator at 2° to 8°C (36° to 46°F), but not in the freezer. Neulasta should be protected from light, so you should keep it in its carton until you are ready to use it. Avoid shaking Neulasta. If Neulasta is accidentally frozen, allow it to thaw in the refrigerator before injecting. However, if it is frozen a second time, do not use. Neulasta can be left out at room temperature for up to 48 hours. Do not leave Neulasta in direct sunlight. For all questions about storage, contact your doctor, nurse, or pharmacist.

What are the ingredients in Neulasta®?

Each syringe contains pegfilgrastim in a sterile, clear, colorless, preservative-free solution containing acetate, sorbitol, polysorbate 20, and sodium.

AMGEN

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night long. I played a game with myself, trying to figure out when it was set to pay off. If I won, I'd tell myself I knew what I was doing.

"But then came that horrible day two weeks ago when Rob found out I'd emptied our account. He didn't even know about the extra credit-card debt. I was terrified to face him, so I stayed at a girlfriend's for three nights. By then my kids had flown home because they were so worried about me. I can't even describe the shame and hopelessness I felt when I finally faced my family.

"Rob and I are living like strangers, barely civil. I'd give anything to get myself under control and have his love and trust again."

His turn: "Let's get something straight: I have never for one minute thought about divorcing Janet," said Rob, 54. "I have a strong faith and I take my marriage vows seriously. Janet is beautiful and funny and great company. I have so many wonderful memories of our years together. I can't let this crisis break up our family.

"I thought Janet had come to her senses a year ago when I cashed in savings bonds to pay off her $35,000 gambling debt. No such luck. This time she got us in an even deeper hole—six figures' worth. She not only took money out of our account behind my back, but she cashed in our children's CDs without telling them. That's about as low as you can get.

"So yes, I'm angry. She betrayed my trust twice. I don't see how things can ever be the same between us. She dashed all our dreams for the future, dreams I'd worked toward all my life. We both loved Hawaii when I was stationed there and hoped to move there someday. She carries on about how she dislikes Nebraska and having my family around, but the plan was never to stay here forever. It was a stopover, a way to reconnect with my family after living all over for so long. I thought it would be nice for David and Becky to have a few Christmases and Easters with their grandparents. I'm not sure Janet understands that. Her parents are divorced and she keeps in touch with her family mostly by e-mail.

"Now, of course, it looks as if we're stuck here because she's burned through all the money that was supposed to get us to Hawaii. I guess I should be grateful we're not completely destitute. I have a good pension and make decent money at my part-time job. But we'll never get back to the financial comfort we enjoyed in her pre-casino days. What breaks my heart is that we started out with nothing and worked hard for every penny we put away. Both of us come from modest backgrounds and we did pretty well, considering. Now, except for the house, we have absolutely nothing to show for it.

"How could Janet, a smart lady, do something as stupid as gamble away just about everything we had? Maybe I could get rid of some of my resentment if that mystery could simply be explained to me. As it is, I get upset just looking at her. We live in the same house, but there's nothing between us anymore. The kids are upset, too. I mean, what kind of mother effectively steals from her own children. When I contemplate the woman I married, the woman I loved so much for so many years, I'm totally baffled."

CONTINUED



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The counselor's turn: "To answer Rob's question, I explained that the major cause of compulsive gambling is a sense of loss," said the counselor. "In Janet's case, one loss was the exciting lifestyle of a globe-trotting Navy spouse. Another was the departure of her kids for college. And a third was the beginning of menopause and thus the end of her reproductive years. Compulsive gambling, also known as pathological gambling, is defined as an impulse control disorder in the *Diagnostic and Statistical Manual of Mental Disorders*. And for the first time, women are afflicted as often as men, a trend that began in the '70s, when women joined the workforce and established their own lines of credit and some economic independence. Here in Nebraska we grapple constantly with the problem because of our proximity to legal casinos right across the Missouri River in Iowa.

"A standard evaluation during my first session with Janet revealed that she had most of the symptoms of the disorder, including a preoccupation with ways to get money to gamble; a need for the stakes to rise to ever-greater levels in order to get a high; unsuccessful attempts to control her gambling; restlessness and irritability when she attempted to cut down or stop; temporary relief of guilt, anxiety and depression while gambling; and lying to conceal the extent of her addiction. What's more, she relied on her husband to pay her debts. And unless a gambler simultaneously gets appropriate help, a well-meaning spouse who bails out a gambler becomes an 'enabler,' allowing the gambler to start again with a clean slate.

"True, Janet did go to Gamblers Anonymous. I recommend such groups as a supplement to counseling, but they don't work for everyone, and they didn't for Janet. My colleagues and I use a different approach. We teach gamblers to recognize their personal triggers and to learn to resist the urge. For Janet the triggers were anger at her in-laws, for instance, boredom and a sense of uselessness. With Rob's support, she mastered the techniques I gave her for controlling her triggers.

"Janet's favorite technique is the Niagara Falls metaphor. 'I envision myself being thrown in the water at the top of the Falls and then being able to toss out an anchor so I don't get swept over,' she [illegible]

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said. 'My triggers—being angry or frustrated or bored—can put me at the top of the Falls. So now I mentally toss out an anchor. Mine is that I don't want to destroy my precious husband and children, or myself, by succumbing to the urge to gamble. I never again want to feel like I should drive my car off a bridge.'

"Not all spouses are as open to counseling as Rob turned out to be and, fortunately, he could absorb their financial loss, albeit at the expense of his dream of spending his golden years in Hawaii. But losing those hard-earned savings left him deeply resentful. To his credit, he was eager to get rid of his negative feelings and move on. To that end, I helped Rob understand that Janet missed the excitement of their travels and that she had felt lonely and bored while he watched TV or visited his family. After hearing this, Rob made every effort to spend time with Janet in pleasurable activities. They took up golf, which they both now enjoy, and joined a square dance club. This new companionship with her husband went a long way toward helping Janet control her urge to gamble.

"'Money is tight, but every penny we spend on leisure together is well spent,' Rob told me. 'I was amazed she was pining for our old life. To me, all that relocating was exhausting and disorienting. I couldn't wait to have a more predictable, peaceful life. But she's happier now that we're doing more things together. She's also become more willing to socialize with my family.'

"'I've learned to like Rob's family,' Janet agreed. 'I'm kind of embarrassed that I didn't even give them a chance before this. They not only enjoy my stories of all of our travels, but they have interesting stories of their own. They run a bed-and-breakfast so they've met lots of fascinating people.'

"Two years have passed since Janet and Rob first came to me, and in that time she has not gambled once. She cut up all of her credit cards and I got her off the mailing lists for preapproved cards. She also gives her paycheck to Rob and he puts no more than $150 at a time in a debit card account for personal expenses such as gas, haircuts and lunches. Some gamblers hate being placed in this childlike role, but Rob helped Janet avoid that reaction by praising her for her strength in following the new plan.

"Like all addicts, Janet will never be cured. She is in recovery. She can't gamble at all, any more than an alcoholic can have one drink. She still comes for counseling once a month and has continued to resist temptation—not an easy feat when it lies a mere 15 minutes away.

"Janet's crowning achievement came a few months ago when she and Rob went to a wedding in Las Vegas. She was nervous about putting herself in the capital of gambling, but she enjoyed the celebration without even going near the slot machines.

> "As with all addicts, Janet will never be cured—she will always be in recovery"

"'That's as good as cured in my book,' said Rob with obvious pride. 'I never thought I'd be able to say this, but our marriage is even better because of what we've been through. I don't hold what happened against Janet anymore, and I like knowing I'm able to help her resist her triggers. If she gets angry, I say, "Toss out an anchor." It works every time.'

"By sticking to a strict budget, the couple have begun paying down their debt. Once it's gone, they plan to build up their savings again. They have also paid back their children, both of whom have forgiven their mother. 'I don't know if we'll ever get to Hawaii, but that doesn't matter anymore,' Rob said. 'We've got each other.'

"'I'll never slip again,' Janet reassured her husband. 'You and the kids mean the world to me. I almost lost everything, but I got a second chance. And for that I am eternally grateful.'"



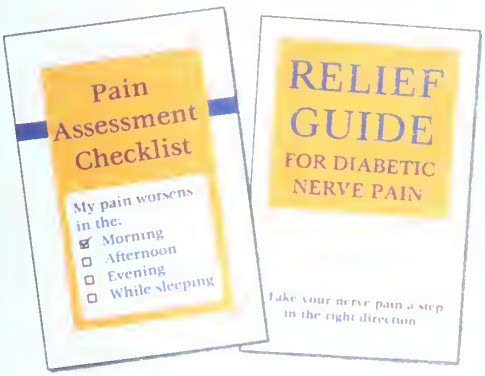
"Can This Marriage Be Saved?®" is the most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Konnie Kirchner, LCSW, certified compulsive gambling counselor and associate practicum coordinator at the School of Social Work at the University of Nebraska at Omaha. The story told here is true, although names and other details have been changed. "Can This Marriage Be Saved?®" is a registered trademark of Meredith Corporation.

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"It Broke My Heart That I Couldn't Protect My Mom"



Martha Deaver was kept from seeing her frail, elderly mother for almost three months by an Arkansas nursing home

Could you be banned from a nursing home and prevented from seeing your ailing parent just because you complained about poor care? Experts claim reports of such cases are on the rise

The scene that met Martha Deaver when she arrived at St. Andrews Place Nursing Home was nightmarish. Her 80-year-old mother, Helen Steger, was in the grip of a violent seizure, her body shaking, her eyes fixed and bulging. This shouldn't be happening, Deaver knew—her mother had been on a drug that successfully prevented such seizures since she'd had a stroke three years earlier. But only weeks after Steger moved into the Conway, Arkansas, home she mysteriously suffered a new attack. "My mother spent her entire life caring for others," recalls Deaver, then a 47-year-old homemaker. "Now it was my turn to care for her. I needed to find out why the drug wasn't working."

By Michael J. Weiss

After talking to a staffer, Deaver says, she felt she had grounds to believe that her mother wasn't getting all of her antiseizure medication. She took her concerns to the nursing home administrator, but she felt that he downplayed the problem. So she filed a complaint CONTINUED

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with the Arkansas Office of Long Term Care. "My mother's seizures were horrifying—I had to make sure the nursing home acted responsibly," Deaver says. (St. Andrews Place's administrator and attorneys have declined comment on the case.)

When state investigators arrived, they found even more problems. Not only did they discover that Steger had not been given her full quota of prescribed doses, but the state regulatory office found that during the month it visited St. Andrews "there was no system of documentation in place to ensure that residents were receiving the correct and accurate medications." The state fined the facility several thousand dollars for dangerous deficiencies in care. Deaver felt heartened that the system had worked and satisfied that she had done right by her mother.

But the matter didn't end there. On October 23, 2000, only a few days after St. Andrews was fined, the home successfully sought a temporary restraining order against Deaver, her husband, Ronny, and their grown son, Bryan, banning them from the premises.

"I was shocked," Deaver remembers, "completely blindsided. They were telling me I couldn't even see my mother!" After consulting a lawyer, who told the family that courts issued temporary restraining orders on the basis of the sworn testimony of the plaintiff and that they would have to appear in court to contest the charges and dissolve the order, Deaver's first thought was simply to move her mother to a different nursing home. According to Deaver, her father placed numerous calls but even when the availability of beds was confirmed, before final arrangements could be made the nursing homes that had promised space would withdraw their invitations. "It was quite clear that we had been blacklisted because I complained," Deaver says.

Under Arkansas state law, families have the right to respond to such restraining orders within 10 days. Deaver did so but her hearing date wasn't until some five months later, on March 14, 2001. As she waited, Deaver grew increasingly desperate. Cut off from her mother—Steger was all but incapable of speech, making even telephone conversations impossible—she had no firsthand way to know whether the medication issues had been remedied, but says she heard that her mother's health was deteriorating. Then her worst fears came to pass. On January 15 Steger went into respiratory failure and was taken to the emergency room. At a hospital, on life support most of the time, she lingered for nearly two months. Since the restraining order didn't affect the hospital, Deaver and her family were at last able to see Steger, but she died on March 12, just two days before the family got their court hearing.

Although Deaver prevailed and the restraining order was lifted, it was, to say the least, a hollow victory. Finally allowed to enter the nursing home, Deaver returned one last sad time to collect her mother's belongings. "It was torture for me," she says quietly, "not to be able to see my mom in the last months of her life."

Today St. Andrews Place continues to operate. After her mother's death Deaver filed a civil lawsuit against the nursing home alleging, among other things, medical malpractice, negligence and violations of resident rights. The case will be heard later this year, when Deaver hopes to bring closure to her five years of grief. "This case is about a nursing home retaliating against someone for filing legitimate complaints," says David Couch, Deaver's Little Rock attorney. "Martha was just trying to advocate for her mother, as every child should."

What Families Fear

Placing a loved one in a nursing home is never an easy decision; concerns about quality of care only add to a family's distress. And those fears are not unfounded: From 2001 to 2005 nursing home safety and health violations rose 26.8 percent. Last year state health inspectors cited a full 91.7 percent of America's 16,400 nursing homes for at least one deficiency—including the neglect or mistreatment of patients—and about 12 percent of nursing homes were cited for more than one deficiency that caused actual harm. "Our health-care system is failing the most vulnerable members of our society," says Representative Henry Waxman, a Democrat from California and a member of the House Committee on Government Reform, one of the committees that monitor the nursing home industry, who is making nursing home reform his signature issue. "And the quality-of-care problems in nursing homes keep getting worse."

Given this reality, relatives often play important roles as advocates for their institutionalized loved ones. But experts claim that they are hearing an increasing number of stories like Deaver's, where family members who complain about nursing home inadequacies face retaliation, sometimes to the point of being banned from the premises. Although experts are unaware of any agency that compiles statistics on these CONTINUED

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Brenda Durant, here in front of the Granbury, Texas, courthouse, feels that a state investigation into her mother's nursing home was deeply flawed

reprisals, advocates for the nation's 1.6 million nursing home residents say that the number is rising. "The trend is to get rid of troublesome families because they're too demanding," says Patricia McGinnis, executive director of the California Advocates for Nursing Home Reform, a San Francisco–based advocacy organization. "Nursing homes have to spend more time with complainers and fear litigation if they can't satisfy them. We're seeing more retaliation than ever before against those who stand up for their rights." And with the country's 85-and-over population set to almost double by 2030, there will likely be a parallel increase in nursing home complaints.

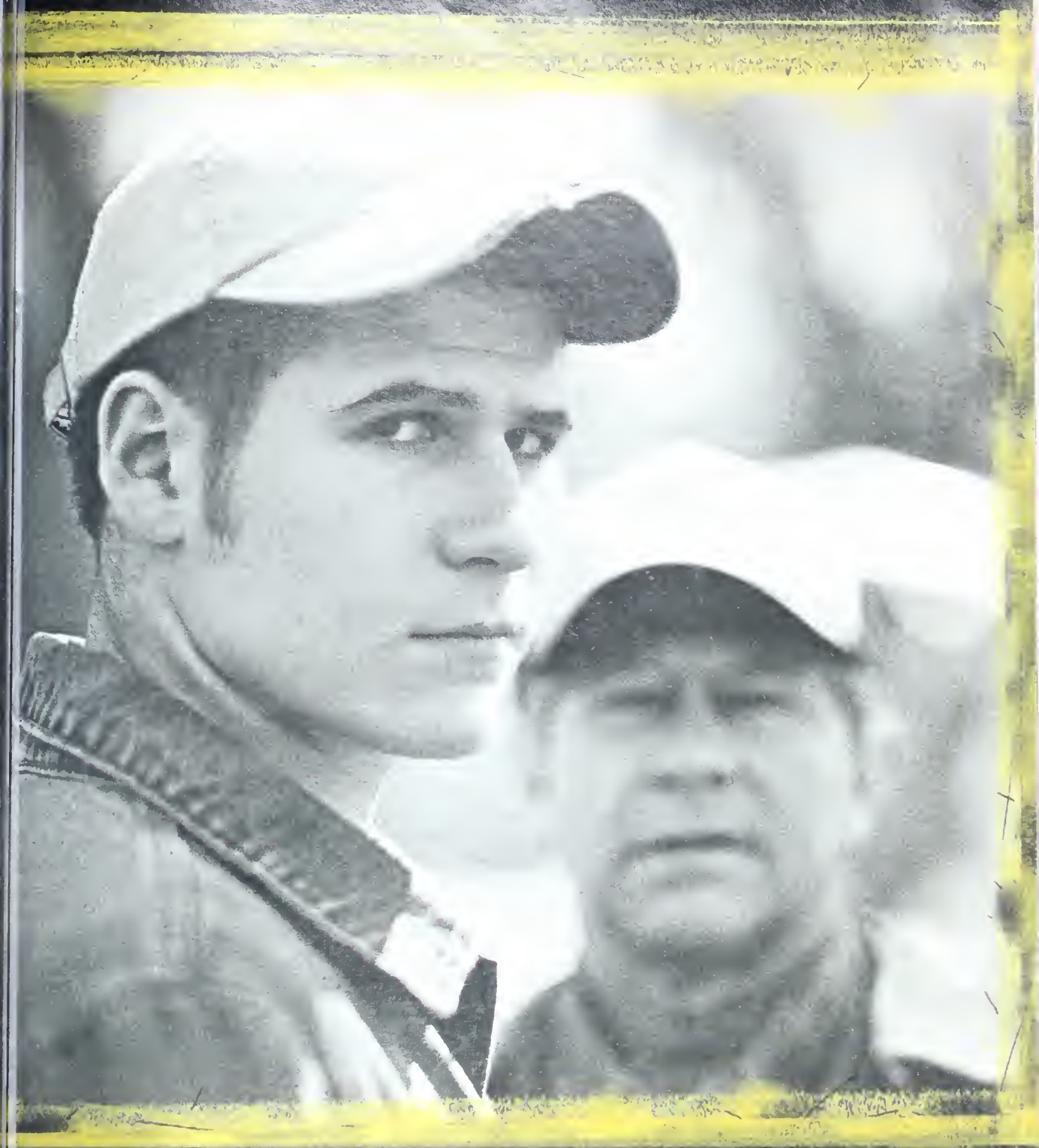
Federal law has long granted nursing home residents the right to see their family members 24 hours a day unless the visitors are deemed a danger to residents or staff. But recent cases suggest that some nursing homes are now labeling merely outspoken people as "dangerous" as a way to get courts to issue restraining orders against them. Family members who draw attention to poor care may even find themselves facing arrest. "If a person is on private property, and the custodian of that property contends that the person is committing some sort of breach of peace or a disturbance, then the police are going to enforce the property custodian's right," says Jim Pasco, Jr., executive director of the National Fraternal Order of Police.

Nursing homes rarely ban a resident's relative from their facilities and then only when the person presents a real danger, maintains Larry Minnix, president and CEO of the American Association of Homes and Services for the Aging, a Washington, D.C.–based group of nonprofit nursing homes, assisted living residences and other service providers. "We see a lot of frazzled family members who show up loaded for bear," he says, noting that busy families often show little patience when dealing with their parents' caregivers. "We are in the peace-of-mind business," Minnix says, adding that retaliation against relatives occurs only when there's inexperienced staff, little supervision and poor communication between administrators and families. "If there's good communication, families will be forgiving if we make a mistake."

Indeed, good facilities routinely address care and quality-of-life issues without state investigators intervening. Judy Garber learned this firsthand last November when her 84-year-old father, Arthur Rosenberg, a resident of the Hebrew Home at Riverdale, New York, became despondent over his wife's death. Garber was concerned and met with her father's social worker and nurse about his depression. Within hours the home's staff had mapped out a plan to help him out of his despondency, including increased visits from his social worker and more invitations from nurse's aides to various activities. This strategy got him reengaged and active in everyday life again.

"We don't get defensive about complaints," says Daniel Reingold, president and CEO of the Hebrew Home. "We use them to design programs that better serve family concerns." Reingold, a 15-year veteran of the facility, recognizes that satisfying families has become an increasing challenge as demanding baby boomers have become their parents' caretakers. "Families used to be more accepting of whatever services we provided," he says. "Today they come in with a mother who has Alzheimer's, a feeding tube and a broken hip and get upset if we can't get her dancing the polka. But our goal is to do our best." CONTINUED

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A Shortage of Care

Nursing homes are businesses, and financial pressures can result in some homes being ill equipped to be responsive. All nursing homes, whether large chains or independent facilities, for profit or not, face rising health-care costs. Some 65 percent of residents pay through Medicaid, which provides around half of the annual cost of care. According to a recent survey, a private room in a nursing home costs an average of $70,912 a year. Although many homes nonetheless manage to turn a profit, the corporate focus on the bottom line can result in inferior care. "The problem is that facilities don't get enough money from their owners to promote quality care," says Janet Wells, policy director of the National Citizens' Coalition for Nursing Home Reform (NCCNHR), an advocacy group in Washington, D.C. "And in the face of complaints, administrators become defensive and overreact."

A corollary of insufficient funding is inadequate staffing. A recent federal study found that to reach optimal staffing levels, nursing homes would have to hire between 77,000 and 137,000 additional registered nurses, between 22,000 and 27,000 more licensed practical nurses and between 181,000 and 310,000 more nurse's aides. Facilities hire a greater number of licensed vocational nurses than more rigorously trained registered nurses, who cost more. And while residences must retain physicians, those doctors are required by law to see each patient only once every 30 days for the first 90 days after admission and once every 60 days thereafter.

Consequently, aides provide most direct care to nursing home residents. The average nursing home employs one aide for every 12 patients, according to nursing home researcher Charlene Harrington, Ph.D., a professor of sociology and nursing at the University of California, San Francisco. But she maintains that the optimal staff level is one aide for every five residents. "More than nine out of 10 nursing homes are understaffed," says Dr. Harrington. "That means residents suffer." Understaffing can result in residents being allowed to soil themselves because they're not taken to the bathroom regularly, to become dehydrated and malnourished and to suffer painful ulcers because they're not regularly moved. Genevieve Gipson, director of the National Network of Career Nursing Assistants, a Norton, Ohio–based nonprofit group, points out that even the best-intentioned aides cannot overcome the difficulties of understaffing. "Aides caring for eight patients don't have time to go to the bathroom themselves," she says. Working in these conditions for around $8 an hour, aides unsurprisingly don't last long. Annual turnover rates average 71 percent but can be more than 100 percent (since a position may need to be filled several times in the course of a year).

Not only are nurse's aides overworked and underpaid, they are also poorly trained. Federal law requires that aides get only a minimum of 75 hours of training for certification. "It can take more time to become a manicurist," says Catherine Hawes, Ph.D., a professor of health policy and management at Texas A&M Health Science Center, in College Station. "The woman doing your nails might very well have more training than the one taking care of your mother."

Given this, residents' families often have cause for complaint. Forty-four percent of nursing home residents reported having been physically abused (punched, kicked or choked) in a 2000 study of 80 patients in 23 Atlanta homes, and 48 percent said they had been treated roughly (flung into bed, shoved or jerked). Some 95 percent claimed to have experienced or seen neglect. Even in egregious cases, the possibility of reprisals often prevented residents and family members from complaining. About half of the Atlanta residents reported that they feared retaliation by the staff. "Residents feel a tremendous dependence on the nurses," says Dr. Hawes. "It's natural to think that if you get nurses angry they won't take good care of you."

When the System Fails

But families won't necessarily fare much better if they take their complaints to an authority outside the residence, either. Typically, they are directed to local ombudsmen who are available in every state to deal with long-term care and nursing home issues. The number of disputes handled by ombudsmen rose 33 percent from 1999 to 2004, to 287,824. But the involvement of ombudsmen doesn't guarantee that complaints will be addressed to the family's satisfaction. There are 580 local ombudsman programs across the country, but they use almost eight times as many volunteer staffers as professional employees. And none has power to penalize a home for deficiencies, only to negotiate between a facility and the resident's family.

After trying the ombudsman route, family members who feel their problems weren't resolved can turn to their state's health department, which does have CONTINUED

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the authority to issue sanctions or close a facility. To substantiate a claim, the department will launch a surprise inspection of the home in question. (Nursing homes are subject to unannounced inspections every 12 to 15 months, regardless of whether a complaint has been lodged.) But critics claim investigators often lack the time and skills to discover and document violations.

No one knows that better than Brenda Durant, a 58-year-old former circuit board designer from Granbury, Texas, who from 2001 to 2004 fought a succession of nursing homes in the pursuit of competent care for her Alzheimer's-stricken mother. At each home Durant says she followed the protocol, complaining about the inadequate care she felt her mother received—whether it was being overmedicated, unnecessarily restrained, left to soil herself or otherwise neglected or mistreated—to nursing home administrators and then to state-level authorities. Durant was banned from each home and, she says, the inspectors the state dispatched failed to substantiate her accusations of poor care. Only one person in authority took Durant's side. State investigator Donna du Bois, who was assigned to review the state's findings, determined that the state's initial investigations had been flawed and, after looking further into the matter, came to believe that many of Durant's allegations were correct. Among other problems, she found that the home had not justified its physical and chemical restraint of Durant's mother. "I was totally disgusted with the state's effort," du Bois said later. "Their investigation wasn't at all thorough. They never are—investigators don't want to find problems because that means more work. The deck is stacked against people trying to protect their families." (Du Bois no longer works for the Texas Department of Human Services; she does legal nursing consulting.)

Despite du Bois's support for Durant's claims, the investigator says the State of Texas never acted on her recommendations. In June 2003, a state official wrote to Durant saying some concerns about the investigation had been noted and were being addressed. Durant's mother later died in a nursing home.

Toby Edelman, an attorney with the Center for Medicare Advocacy, in Washington, D.C., charges that state investigators often lack the time and experience to find and document mistreatment. "They're mostly nurses who don't have a lot of investigative skills," she says. In a report this past January, the U.S. Government Accountability Office agreed, charging state investigators with often overlooking potentially life-threatening problems.

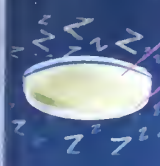
Federal oversight records seem to reflect this, too. In 2004, only six U.S. nursing homes were closed for serious deficiencies, according to the Centers for Medicare and Medicaid Services (CMS). That same year, the federal government collected only 41 percent of the $81.7 CONTINUED ON PAGE 110



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INFORMATION FOR PATIENTS TAKING AMBIEN CR

Your doctor has [illegible] Ambien CR to help you sleep. The following information is intended [illegible] this medicine. It is not meant to take the place of [illegible] any questions about Ambien CR tablets be sure to ask [illegible].

[illegible] types of sleep problems, such as

- [illegible] sleep
- [illegible] during the night

[illegible] one of these problems.

[illegible] to a group of medicines known as the "sedative/hypnotics", or [illegible]. There are many different sleep medicines available to help [illegible] sleep better. Sleep problems are usually temporary, requiring treatment for only [illegible] 1 or 2 days up to 1 or 2 weeks. Some people have chronic sleep [illegible] this may require more prolonged use of sleep medicine. However, you [illegible] these medicines for long periods without talking with your doctor about [illegible] and benefits of long-ranged use.

SIDE EFFECTS

Most common side effects:

- headache
- somnolence (sleepiness)
- dizziness

You may find that these medicines make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of Ambien CR that is best for you.

To manage these side effects while you are taking this medicine:

- When you first start taking Ambien CR or any other sleep medicine until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- NEVER drink alcohol while you are being treated with Ambien CR or any sleep medicine. Alcohol can increase the side effects of Ambien CR or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking Ambien CR.
- Always take the exact dose of Ambien CR prescribed by your doctor. Never change your dose without talking to your doctor first.

SPECIAL CONCERNS

There are some special problems that may occur while taking sleep medicines:

Memory problems: Sleep medicines may cause a special type of memory loss or "amnesia". When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine.

Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia."

Be sure to talk to your doctor if you think you are having memory problems. Although memory problems are not very common while taking Ambien CR, in most instances, they can be avoided if you take Ambien CR only when you are able to get a full night's sleep (7 to 8 hours) before you need to be active again.

Tolerance: When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness to help you sleep. This is known as "tolerance". Sleep medicines should, in most cases, be used only for short periods of time, such as 1 or 2 days and generally no longer than 1 or 2 weeks. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence: Sleep medicines can cause dependence, especially when these medicines are used regularly for longer than a few weeks or at high doses. Some people develop a need to continue taking their medicines. This is known as dependence or "addiction."

When people develop dependence, they may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able to function normally and [illegible] symptoms may occur (see *Withdrawal*). They may find that they have to keep taking the medicine either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicine have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility [illegible] considered before using these medicines for more than a few weeks.

If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting Ambien or any sleep medicine.

Withdrawal: Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In some cases, these symptoms can occur even if the medicine has been used for only a week or two.

In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking Ambien CR or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes in behavior and thinking: Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- more outgoing or aggressive behavior than normal
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used.

It is also important to realize that it is rarely clear whether these behavior changes are caused by the medicine, an illness, or occur on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy: Sleep medicines may cause sedation of the unborn baby when used during the last weeks of pregnancy.

Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant or if you become pregnant while taking Ambien CR.

SAFE USE OF SLEEPING MEDICINES

To ensure the safe and effective use of Ambien CR or any other sleep medicine, you should observe the following cautions:

1. Ambien CR is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take and how long to take Ambien CR. Ambien CR tablets should not be divided, crushed, or chewed, and must be swallowed whole.
2. Never use Ambien CR or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with Ambien CR or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking Ambien CR or any other sleep medicine.
5. Do not take Ambien CR unless you are able to get a full night's sleep before you must be active again. For example, Ambien CR should not be taken on an overnight airplane flight of less than 7 to 8 hours since "traveler's amnesia" may occur.
6. Do not increase the prescribed dose of Ambien CR or any other sleep medicine unless instructed by your doctor.
7. When you first start taking Ambien CR or any other sleep medicine, until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
8. Be aware that you may have more sleeping problems the first night after stopping Ambien CR or any other sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR or any other sleep medicine.
10. As with all prescription medicines, never share Ambien CR or any other sleep medicine with anyone else. Always store Ambien CR or any other sleep medicine in the original container that you received it in and store it out of reach of children.
11. Ambien CR works very quickly. You should only take Ambien CR right before going to bed and are ready to go to sleep.

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Ladies' Home Journal

PRESENTS

Funny Ladies We Love

Last February 6th, Ladies' Home Journal celebrated our favorite funny ladies in entertainment at a party held in Hollywood hot-spot Cabana Club.

(1) The evening, in honor of Teri Hatcher (Desperate Housewives), Tichina Arnold (Everybody Hates Chris) and Leah Remini (The King of Queens) began with [illegible] traditional walk down the red carpet. (2) Some guests had a little more fun with the paparazzi than others. [illegible] came to [illegible] to the award winners. (3) Lost's Jorge Garcia came all the way from Hawaii, (4) comedian Judy Tenuta posed with Ladies' Home Journal Editor-In-Chief Diane Salvatore, and (5) Taraji Henson, who sang "It's Hard Out Here for a Pimp" from Hustle and Flow at the Academy Awards®, also dropped by. The event truly sparkled. (6) Hearts On Fire gave each of our Funny Ladies a diamond necklace and (7) dressed Teri Hatcher in earrings from their couture line. Toward the end of the night guests really got into the spirit of the party. (8) Lucy Lawless jokingly tried to run away with one of the gift bags (9) from the goody table.



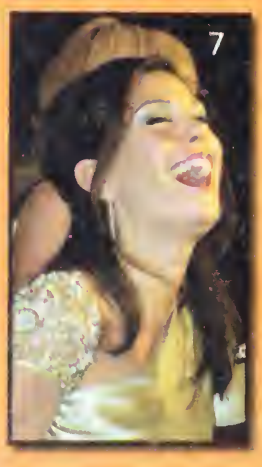














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The neglect and even abuse of nursing home residents is a growing problem. Increasingly, reports seem to be retaliating against families trying to get loved ones the care they deserve. To fight these outrages, Representative Henry Waxman, of California, has introduced legislation to help keep our seniors safe. Nursing home problems result from severe understaffing and lack of funds. This proposed act would require nursing homes to increase staff to government-identified levels necessary for good care, increase federal funding to homes that comply and give state inspectors the power to review homes' financial records. Sign our petition, below, to let Congress know that you will not stand for the mistreatment of America's elderly.

Please fill out the form below and mail it to *Ladies' Home Journal*, Nursing Home Petition, 125 Park Avenue, 20th Fl., New York, NY 10017, or sign online at *www.lhj.com/nursinghome*.

I SUPPORT THE NURSING HOME STAFFING ACT OF 2005 (H.R. 4293)

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million owed in fines for two years of quality-of-care problems. "The agency's goal is not to close homes, but to improve the care they offer," explains Mary Kahn, a Medicaid specialist in the CMS public affairs office. But lax enforcement can allow offenders to operate without punishment.

Help for Families

In the face of these problems, some nursing home families are taking collective action to enforce their rights and spur positive change. Federal law allows the relatives of nursing home residents to form independent family councils. But only 41 percent of nursing homes have established such councils, and just starting one independent of the nursing home administration may result in repercussion. When Harry Kornblau, whose mother was a resident of the Daughters of Sarah Nursing Center, in Albany, New York, formed an independent family council there, he says he was accused of harassing the staff and his visits were severely restricted. In late 2003 he enlisted the aid of a New York state assemblyman to introduce legislation to protect council organizers against such reprisals. Even after his mother's death, in 2004, Kornblau lobbied tirelessly for the bill. Last year the measure was enacted in New York, requiring facilities to respond to concerns within 10 working days and prohibiting retaliation against family council members. New York joined only four other states—California, Maryland, Minnesota and Massachusetts—with such protections.

As the elderly population grows, cases of nursing home retaliation are likely to increase. The rising tide of complaints may serve to raise the quality of care at nursing homes, or it may mire many families in reprisals and restraining orders. "We've got to make sure that family members have complete access to their loved ones," warns Congressman Waxman. "Otherwise, when retaliation happens, no one will ever know what's really going on in nursing homes."

Martha Deaver, the Arkansas woman who was kept from her mother's side near the end of her life, wants to be sure Americans no longer have to suffer the way she and her mother did. Deaver began helping others file complaints against abusive and negligent nursing homes and now serves on the board of directors of the Arkansas Advocates for Nursing Home Residents, a nonprofit that aims to protect and improve residents' quality of care. "She's a tiger when fighting for patients in nursing homes who might not otherwise have a voice," says Mike Beebe, Arkansas attorney general. "She believes she has a calling to protect the vulnerable in our nursing homes."

This fall, the NCCNHR presented Deaver with the only national award regularly given to a citizen advocate for her work helping more than 100 families fight nursing home abuses. "Someone has to hold nursing homes accountable," Deaver says. Filing a grievance is often just the beginning of a long, emotional battle, but with advocates like Martha Deaver on their side, families can feel a little more secure about standing up for their loved ones.

CONTINUED

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[illegible] Quinn [illegible] her Green House home, she creates meals together in spacious kitchens and [illegible] family that [illegible] [illegible] Quinn, served by neighborhood [illegible]. She shares a room with a woman who [illegible]. "It's a little [illegible]," Quinn says. "But it [illegible]."

But in 2003 Quinn moved into Wednesday to Frank House, a [illegible] home that she shares with nine other residents. She has her own antique-filled bedroom and a private bathroom, where she enjoys [illegible] in a whirlpool tub. There's a garden she can [illegible] in, and a community kitchen where she can whip up her coconut cakes. When she needs help getting out of her wheelchair, specially trained nurses are there—responding to beepers, not nurses' bells. "This is just a wonderful place," Quinn says. "I recommend it to all my friends."

Frank House is part of the Green House Project (www.thegreenhouseproject.com), which is one of several innovative efforts now under way to reinvent the nursing home. Over the past decade a grass-roots movement—including academics, geriatricians and nursing home reformers—has begun to create [illegible] options for senior citizens. Some hundreds of these new nursing homes are already [illegible], and [illegible] more are set to open by 2010. Their creators believe that in 20 years these models will be the norm. Many homes are the [illegible] of creative [illegible] [illegible] [illegible]

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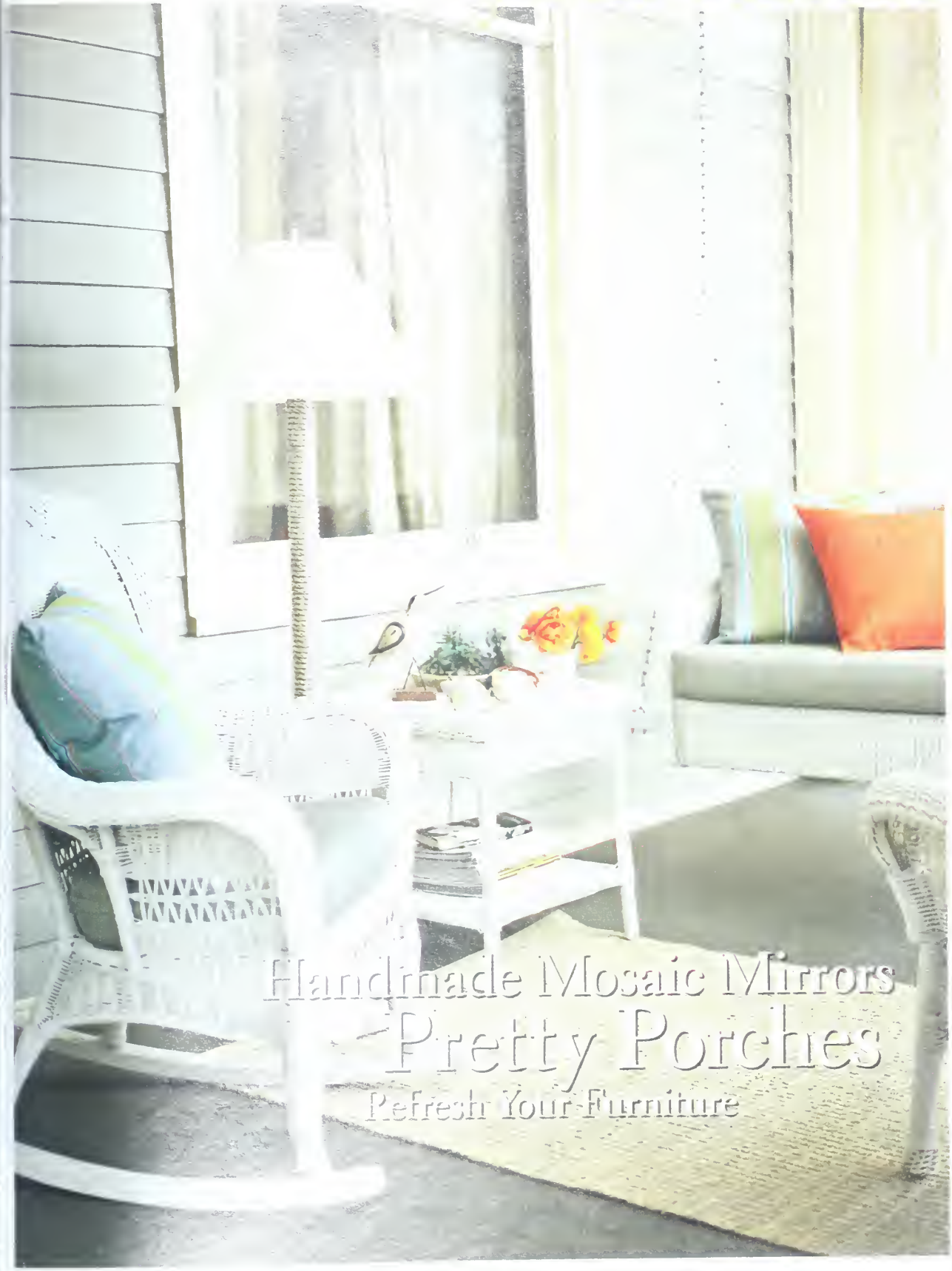
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Porch Ways

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PHOTOGRAPH[illegible] DIANE CARROLL AND KIERAN JUSKA WRITTEN BY KIERAN JUSKA

Garden Glow

Turning your porch from ho-hum to head-turning doesn't have to mean a major renovation or drain your bank account. Plenty of easy, inexpensive changes can make a dramatic impact. New cushions for existing furniture will give the space a face-lift—even a few new bright-colored throw pillows can add plenty of pizzazz. Invest in accessories that will lend an aura of refinement to your outdoor space, such as weatherproof lamps, outdoor rugs or floral linen curtains. Here, two ways to make your porch prettier in no time.



Bottom left: Smith & Hawken's Provence collection has the look of wrought-iron garden furniture but is made from more practical lightweight weather-resistant and rustproof aluminum. The ultrathick cushions are covered in a cheerful apple-green Sunbrella fabric that won't fade or mildew. Smith & Hawken's iron table lamp is weatherproof as well, with a watertight lightbulb enclosure and washable lampshade. Floral curtains from Anthropologie make the setting more intimate, while Ballard Designs' indoor-outdoor rug helps cushion barefoot summer feet. A selection of throw pillows from Milli Home, Spiegel and Ballard Designs creates a pretty, flowery mix.

Bottom right: The generously sized Provence dining table from Smith & Hawken is a super spot for warm-weather lunches. A green paisley runner creates a vibrant backdrop for Crate & Barrel's square palm-leaf plates nested on green woven chargers from Pier 1 Imports. Simple clear-glass vases from Target hold blooming pink roses cut fresh from the garden.

CONTINUED



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Where to Find It, page 226

with ones in orange from Crate & Barrel. Specifically made for outdoor use, the floor lamp by Shady Lady is weighted to stand up to wind and weather, while matchstick blinds from Home Depot offer protection from late-afternoon sunlight.

Bottom left: A classic café table from Ballard Designs is dressed with a vivid orange runner and cobalt-blue glasses, while the chairs sport Thomas O'Brien's cushions from Target.

Top right: Painted wooden oars and a model sailboat from Nautical Seasons add a beachy touch, as do porcelain sea urchin votive holders from Sur La Table.

Bottom right: A large cylinder vase filled with succulents becomes a perfect low-maintenance centerpiece.

Beach Chic

Above: The wicker furniture on this porch mixes tag-sale treasures and new pieces unified by a coat of crisp white paint. The best addition: a wicker porch swing by Lloyd Flanders, ideal for relaxing summer reading. Custom seat cushions, made from [illegible] fabric from Calico Corners, also help cozy up the grouping while keeping the theme. Throw pillows in a bold stripe [illegible] from Smith & Hawken. Wall



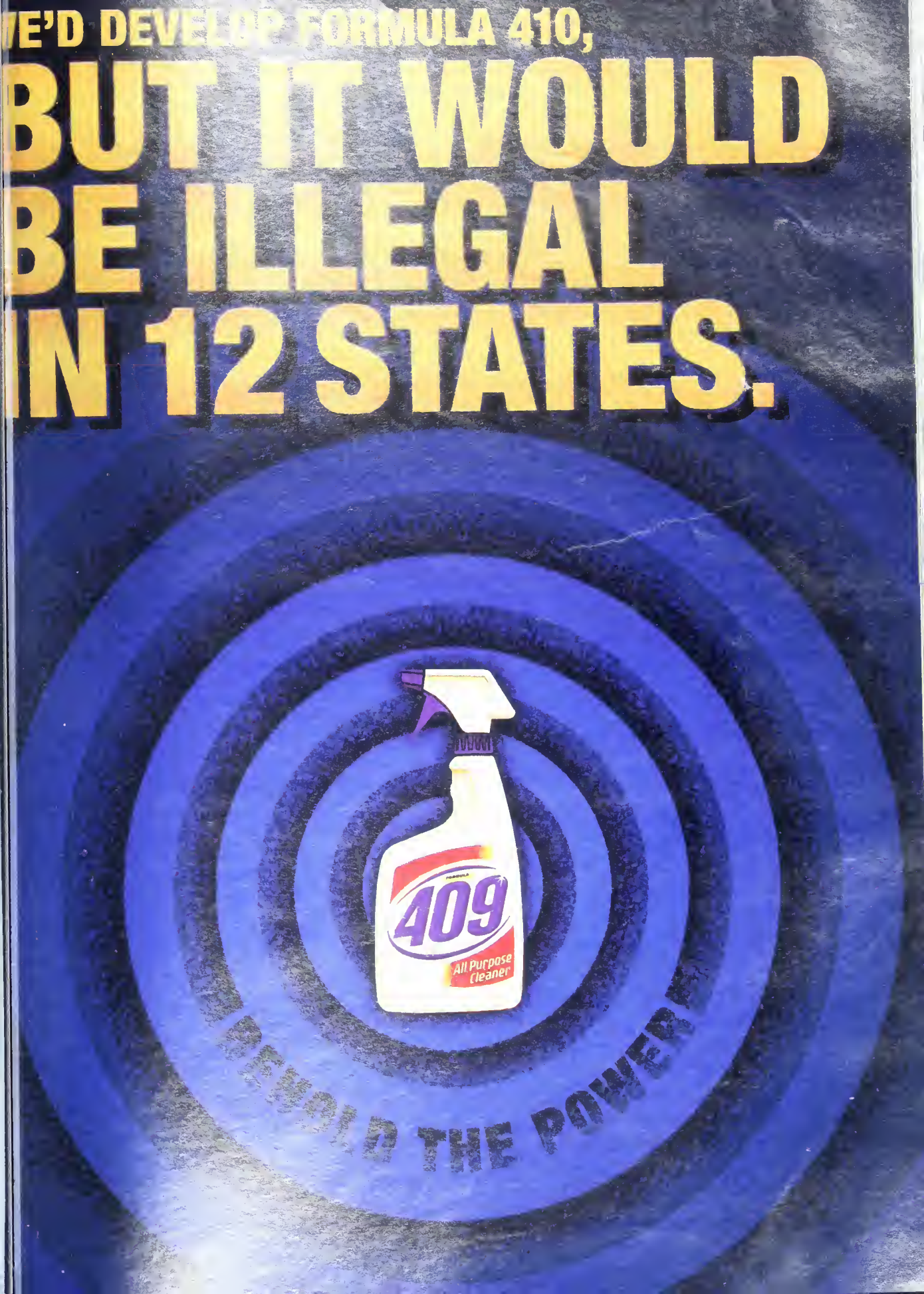




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MIRROR, MIRROR



Every house needs a mirror, but why settle for one with no personality? Creating your own mosaic trim can make a particularly pretty, satisfying and simple crafts project, especially with today's choices of tiles in materials such as rustic stone, sleek marble and metallic glass. *–Kieran Juska*



Step 1:

Choose the color and type of tile. We used a selection of glass tiles in shades of aqua, green and sky blue from KP Tiles. Place the tiles on your mirror's frame for fit, then draw a grid with a pencil. Adhere the tiles with a clear-drying, non-toxic craft glue and allow them to set for 24 hours.



Step 2:

Apply a thick layer of non-sanded grout (available either powdered or premixed at art supply stores) onto the tiles, making sure to fill in all the gaps. Let the grout set for about 20 minutes, then wipe away excess with a damp sponge. Allow it to dry for 24 hours more.

CONTINUED

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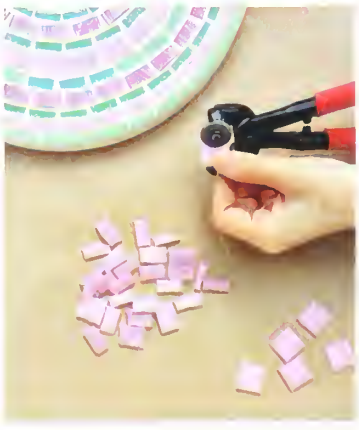


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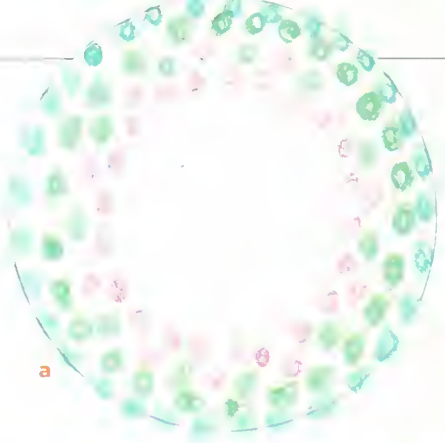


How to do it:

For this round mirror, we used wheeled tile nippers to cut square tiles into narrow rectangles so they would better fit the curved shape of the frame. Gently roll the nippers through the tile where you want the cut to be—look for tiles that have grooves on the back side to help ensure a straight cut. After you've cut the tiles, follow the steps from the previous page.



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PICK YOUR PATTERN

The joy of mosaics is that you can express yourself in a range of patterns. Here, other designs to suit your style: **a** Bands of round tiles accentuate the shape of a circular mirror. **b** Smaller-scale tiles in complementary shades look great set in horizontal stripes. **c** Four colored bands around the edges of a mirror create a bold look. **d** A freewheeling patchwork design uses tiles of various shapes and sizes.







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Per Cake

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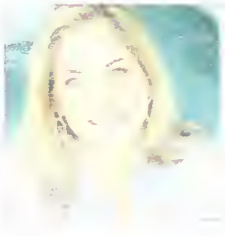
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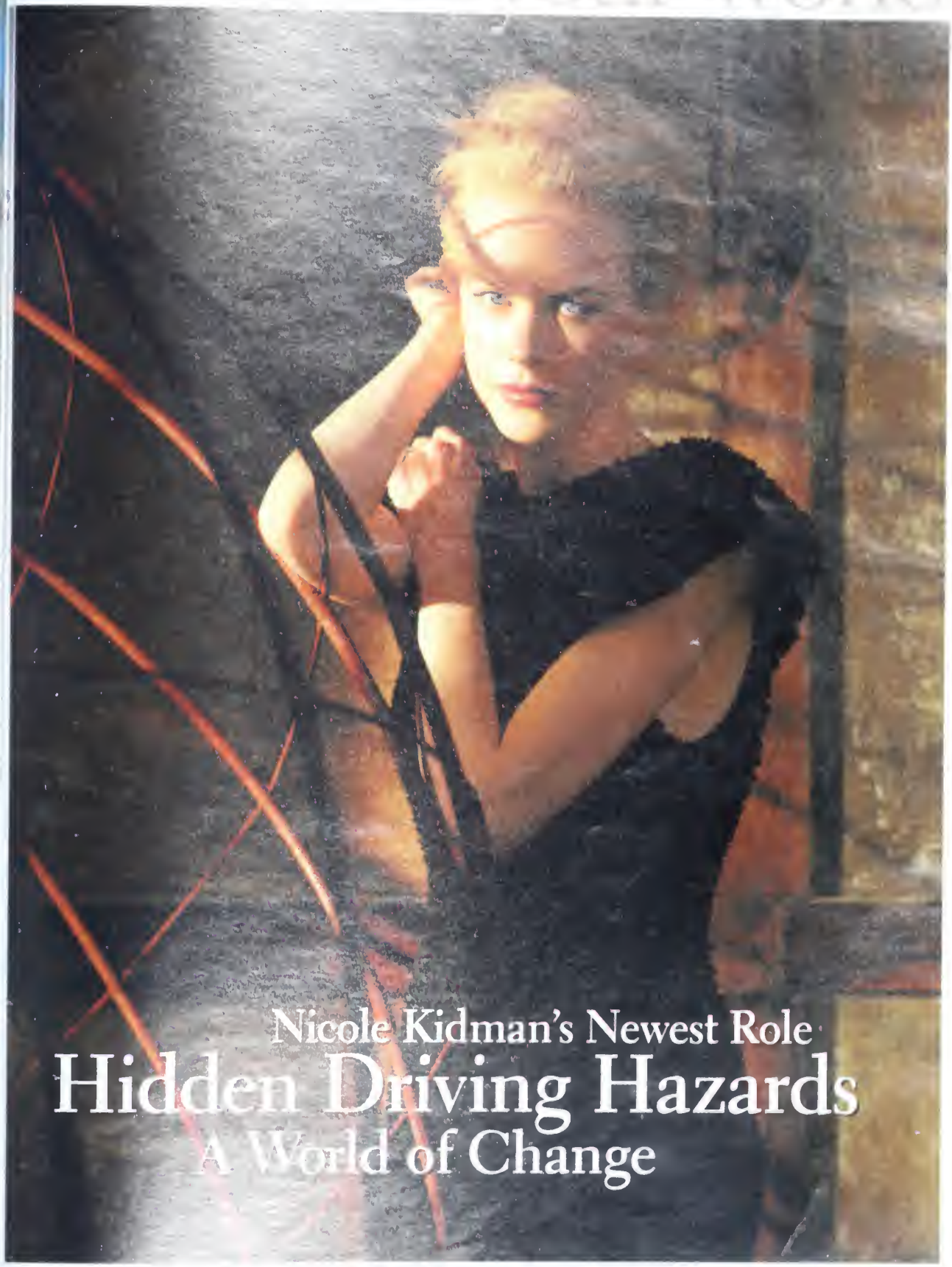
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Nicole Kidman's Newest Role

Hidden Driving Hazards

A World of Change

A Mission of Love

In this exclusive interview, Nicole Kidman talks about her U.N. Goodwill Ambassador role helping to stop violence against women around the world—and how she believes it will deepen her experience of motherhood and family

By JEANNE MARIE LASKAS

Photographed by JAMES WHITE

The way she storms into the room, alone and eager and completely relaxed, it's easy to feel as though she's your sister, or cousin, or any old friend who knows your secrets. Then, of course, you snap out of it. Because you realize—wait a second—you don't actually have a human being in your life who is this exceedingly gorgeous.

Even today, a casual day of routine errands, Nicole Kidman is take-your-breath-away beautiful: the complexion of a Disney princess, hair a bundle of curls pulled back and falling as if right on cue at her temples, the long and lean body of a gazelle. It's an unseasonably chilly March afternoon in Nashville, and she's dressed in tan corduroys, a nubby black sweater and a buttery black leather jacket that she takes off and flings on the couch, along with her purse. "Would you mind if I use the loo?" she asks, the greeting me with a smile.

En route to the bathroom, she breathlessly chatters about the events of the afternoon—a stop at the grocery store to pick up some salads, which she then dropped off at home so that everyone there would have something to eat.

"Home," of course, is kind of a big word to hear her use these days. Has she moved to Nashville permanently to be with country music star Keith Urban, to whom she is allegedly engaged? On the one hand, she insists that she doesn't want to talk about that, and yet on the other hand—literally, the left one—she is wearing a fantastic diamond ring that is anything but subtle.

Even so, she is here today with something less personal, more global on her mind. In January she was appointed Goodwill Ambassador of UNIFEM, the United Nations Development Fund for Women—and she regards the commitment as life-changing. This is not a case of a Hollywood star raising her hand for a pet cause to enhance a reputation. For Kidman it is nothing less than a call to action. She hopes to see her work with UNIFEM become a defining feature of the CONTINUED



[illegible] of her life.

Maybe it's her unwavering gaze or her regal posture. But for some reason I find it utterly safe to confess to her that before her appointment to UNIFEM I had never even heard of it. "And I like to think of myself as a fairly well-informed citizen," I say.

"Me too!" she says, leaning forward. "That's exactly my point!" She's sitting on the couch now, settling in with a bottle of water. The sugar cookies I've set out on the coffee table do not seem to be beckoning one bit. She speaks softly in her Australian accent, which is as melodious as it is warm. She explains that she only became aware of UNIFEM last year, when her mother, who lives in Sydney, called to tell her about a radio program she happened to have heard about the organization's heroic efforts in Cambodia. UNIFEM workers were helping women there create economic independence by reviving traditional silk-weaving to keep them from being forced into exploitation such as human trafficking.

So impressed was Kidman that she telephoned the U.N. and asked what she could do to help. Soon she was having lunch with executive director Noeleen Heyzer, and a bond was born.

"It's the right time," Kidman says [illegible] decision to get involved. "Maybe seven or eight years ago I wouldn't have been in the right place. I'm more [illegible] and I'm going *hmmm*. [illegible]

CONTINUED



"What I'm going to be doing for the next few decades of my life that's about a much bigger picture than acting. I mean, I still love to act, that's great. But at the same time I'd love to be able to move into something that's more far-reaching."

"What will your first steps be?" I want to know.

"Right now, I'm going to educate myself about UNIFEM's work. As I'm doing so, I hope I'm able to bring some of these stories to the world. I think India is the first place we're going to go and we're also looking at the Republic of the Congo and Cambodia. Noeleen and I will be going together—I'm excited to travel with her and be educated through her eyes because there's something special about that woman. She's very peaceful, very genuine. All of the women working for this organization are working for very little money, because they're passionate about what they do.

"It's important to me to do something for women," Kidman continues. "As Noeleen said to me, if you help women, you help children and men. You help the family, because women are the heartbeat of the family."

Which leads Kidman to talking a bit about growing up in Australia as the elder daughter of two academics in a family that embraced Catholicism and feminism. "I was raised in a very socially conscious environment," she says. "My dad's a biochemist and psychologist and my mom's a nurse-educator, so they're both caretakers in a way. I grew up watching my mom take care of patients in hospitals and I think that probably stayed with me. Throughout my childhood, different women who were afflicted with cancer and other illnesses stayed at our house, people of all different nationalities. There was a lot of talk always about being able to go into the community and help."

"So now it's your turn," I say.

"Yes," she says. "And I'm very tentative and nervous even talking about it. I like to keep my life quiet and simple, so I was thinking, oh gosh, if I'm going to take this on, I'm going to get flak, because people are bound to say, 'Well, how can she relate to this stuff? She exists in a rarefied world.' Absolutely, I do. I totally agree. I can't relate. But I'm not saying I have any understanding of it. I'm just there to help tell the stories and help raise awareness and see if I can do anything, even if it's a minimal amount of change."

"Well, I'll bet your mom is proud of you," I suggest.

"I'm very close to my mom," she says. "And my dad, too, actually."

"And I've heard that you and your sister, Antonia, are best friends. Is that true?"

She beams. "I just spoke to her before I came here!" she says. "I woke her up. It's 6 A.M. in Australia. And she's never cranky, she's like, 'Hi!' That's love. I'll do anything for her. Anything. It makes me cry I love her so much. You know, I think when you have that kind of love in your family, it keeps you very available and trusting of others."

"Is that how you stay grounded?" I ask her.

"I'm pretty careful about who I share my life with," she admits. "I surround myself with truthful, kind people, most of whom are not in the business. It's more interesting to me that way. It's the life I want to have when I'm an old woman with long gray hair. As an old woman, I hope that I've got open arms, an open heart and an enormous amount of wisdom to share. I don't want to be living in a big house in Hollywood getting my fingernails done. I don't mean to be condescending. I'm more than willing to put on a great dress and go to the Academy Awards, but at the same time, that's not my life. That's not my world. It's funny I say that as we sit here in a hotel in Nashville," she laughs and throws in, tantalizingly, "I love it here. Things are very nice for me here."

"Yeah, I was getting to that," I say. "I mean, Nashville? The ring?"

"That's not something I want to talk about," she says abruptly. "If I get married, when I get married, then I will talk about it. Yes, absolutely. Until then, you know, when you're a mother, I think there's a certain amount of quietness that's important."



certain amount of quietness. That's what she has. There is a self-containment about her, a fierce protection of her private life. It's hard to argue with it, especially when you contrast her decorum about her love life with the style of her couch-jumping ex-husband Tom Cruise in relation to his.

"You have an air of dignity about you," I say.

She looks down at her shoes, smiles. "No, I'm not what my mom would call a show pony. Oh, can we get off of me? Let's talk about how excited I am to be part of Noeleen's work."

I ask her if she expects CONTINUED







Kidman at the Academy Awards with Keith Urban, left, in March; above with her sister, Antonia; and below with her children from her marriage to Tom Cruise, Connor and Isabella



that her new philanthropic role will inspire her children, Isabella, 13, and Connor, 11?

"Oh, I would love it if they went into, in any capacity, some sort of social work," she says. "I try to live as an example to my kids, which is why I'm pretty traditional. That's why, when I divorced, my mother said, 'No, you can't fall apart, because you have to have it together because your son learns about women through you, and your daughter learns how to behave as a woman through you.'

"That is the pressure, isn't it?" I point out.

"It's what you take on when you become a parent," she says. "A huge responsibility for the life of others. You know, we all make mistakes and we live with guilt. And we still try, I think, to maintain our sense of dignity and give our children something to head toward. It's about unconditional love. I think a lot of it is about going, okay, I'm just always on your side. No matter what gets thrown at us, no matter where it goes, you've always got something that is waiting for you with open arms. That's a big, big thing to be able to offer another human being, be it your own child or your spouse or your partner or whoever, but it's so gorgeous when it's there, when you feel that it's solid and unwavering.

"And when you adopt children," she adds, "there's something else operating, too."

I share with her that I've got two adopted children of my own.

"*So you know!*" she says, excitedly. It's her most animated moment of the day. "It gives you chills, doesn't it? Because you were brought together, you became a family—it's like, astounding, isn't it? And I feel enormous love for whoever my children's birth parents are. Enormous love. And if my children choose to go find them at some stage, I can't wait. Because—it's the weirdest thing—I actually feel [they're] very connected to us as a big strange family, and whether they choose to search for them or not, who knows."

"So, you're really open about talking to Isabella and Connor about their having been adopted?"

"We use the word a lot, adoption. So that it's never something that you don't discuss, never something hidden. And my aunt, actually, she had a child that she gave up for adoption, and my mother has an adopted sister, so it's sort of been a running theme in my family."

"So that wasn't a big leap for you to think about adoption as an option?" I ask.

"Leap?" she says. "No. Destiny? Yes."

Her cell phone rings. She grabs her purse, digs inside. "That's going to be one of my kids," she says. "That's why cell phones were invented, for kids to call their moms, right?"

She looks at the caller ID. It's not her kids. "Oh, I can return that call later," she says. Somehow, the call triggers a mental to-do list. "I have to go buy some new sheets and a blanket after this," she says. "We need a lighter blanket. I'm heading off to Bed Bath & Beyond. That's one of my favorite stores. It's a very exciting day!"

"You can just wander around Bed Bath & Beyond by CONTINUED



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yourself?" I say. "Don't people rush up to you and bother you?"

"People are very nice to me," she says. "They might walk up and say hi. I mean, I don't know. People are just . . . very, very kind to me. I don't mind signing a couple of autographs, taking a picture."

"Becoming famous didn't dramatically change your life?"

"It did when I was married," she says. "But that, I mean, he, Tom's famous on a different level. I stepped into a world that was overwhelming. I was 22, and I came from Sydney and I was like, *what is this?*"

"And so that was a complete transformation of your life?" I ask.

"That was a major shock," she says. "He was huge; still is. To me, he was just Tom, this lovely man, but to everybody else, he is huge. But he was lovely to me. And I loved him. I still love him."

> It's important to do something for women. If you help women, you help children and men. You help the family because women are the heartbeat of the family

She doesn't say it with longing or yearning, but rather with the kind of respect you'd hope to hear from a parent who is sharing custody with an ex.

"You seem to have fared quite well since then," I say.

"Well, I've had my fair share of disappointments and I have my things that I deal with every day. They're all relative, you know. Because you've got to look at what you've got, and you're given blessings. And it's not like I haven't experienced all of the depression and all of the things that go along with huge loss in your life, but at the same time, it's like, as my mom and dad say, 'Buck up!' Sounds simple, doesn't it? But I always knew that the rug was going to be taken out from underneath me at some stage," she says. "I didn't think it was going to happen the way in which it happened. I had seen my mother battle breast cancer, so I had a fear of my health being jeopardized—that was really where I was thinking mine would come. I knew I was going to get hit with something. But I think a divorce, and the demise of what your family is, is a little death in itself."

Kidman is so companionably honest and easy to talk to that soon I'm forgetting, again, that she is not an old friend, but the Oscar-winning movie star who has enchanted audiences in *The Hours*, *To Die For*, *Moulin Rouge!* and dozens of other memorable films. This fall she's slated to appear in *Fur*, a biopic of Diane Arbus, the famous 1960s photographer, and in 2007 an *Invasion of the Body Snatchers* redux called *The Visiting*.

"Both of these movies have strong female roles, don't they?" I observe.

"Yes, *Fur* is really about Arbus finding her creativity. And *The Visiting* is all about the power a mother has when her child is in danger. Which fascinates me, because that's the power of love."

"Both those themes seem so personal for you. What other kinds of films would you like to do?"

"A gorgeous love story. There hasn't been one for a long time. I think, as a girl, if you're an actress, you always hope, in the same way that you always hope to have a beautiful big wedding, that you get to put all those things on the screen, with a classic love story."

"Your fans will love that. I have to say it's kind of a phenomenon the way people root for you. Have you noticed that?"

"That's a really nice thing to feel," she says. "And I hope I can now root for you, for everyone out there, for some woman in a third-world country, or here at home, who needs to be rooted for. I hope that in some way, my doing this work for UNIFEM is saying, 'I root for you, too.'"

She tilts her head, smiles. "All right, so I'll have one of your cookies now, if I may."

CONTINUED ON PAGE 140

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MERCK



Q: Why does an osteoporosis treatment have Vitamin D?

Ask your doctor.

FOSAMAX PLUS D treats postmenopausal osteoporosis. It's the only treatment with Vitamin D, which helps absorb calcium and build strong, healthy bone.

For a complete list of questions to ask your doctor, go to www.FosamaxPlusD.com

Selected Cautionary Information

You should not use FOSAMAX PLUS D if you have certain disorders of the esophagus (the tube connecting the mouth with the stomach), are not able to stand or sit upright for 30 minutes, have severe kidney disease, low blood calcium, or are allergic to FOSAMAX PLUS D. Before use, talk to your doctor if you have or have had stomach or digestive problems or problems with swallowing. In addition, you should talk to your doctor if you have conditions that may cause increased production of vitamin D (eg, sarcoidosis, tuberculosis, lymphoma).

You should tell your doctor about all medicines you are taking, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Stop taking FOSAMAX PLUS D and call your doctor right away if you develop new or worsening heartburn, difficult or painful swallowing, or chest pain because these may be signs of serious upper digestive problems, which can include irritation, inflammation, or ulceration of the esophagus. (See the Patient Product Information for more details.) If you develop severe bone, joint, and/or muscle pain at any time, contact your doctor. Digestive side effects in studies were generally mild and included stomach pain, indigestion/heartburn, or nausea.

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with Vitamin D

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FOSAMAX PLUS D

(alendronate sodium/cholecalciferol) Tablets

What is the most important information I should know about FOSAMAX PLUS D?

- You must take FOSAMAX PLUS D exactly as directed to help make sure it works and to help lower the chance of harmful side effects.
- Choose the day of the week that best fits your schedule. Every week, take 1 FOSAMAX PLUS D tablet on your chosen day.
- After getting up for the day and before taking your first food, drink, or other medicine, swallow your FOSAMAX PLUS D tablet with a full glass (6-8 oz) of plain water only.
- Do not chew or suck on a tablet of FOSAMAX PLUS D.
- After swallowing your FOSAMAX PLUS D tablet, do not lie down – stay fully upright (sitting, standing, or walking) for at least 30 minutes. Do not lie down until after your first food of the day.
- After swallowing your FOSAMAX PLUS D tablet, wait at least 30 minutes before taking your first food, drink, or other medicine of the day.
- Do not take FOSAMAX PLUS D at bedtime or before getting up for the day.
- If you have chest pain, new or worsening heartburn, or have trouble or pain when you swallow, stop taking FOSAMAX PLUS D and call your doctor.

Some patients may need more vitamin D than is in FOSAMAX PLUS D. Your doctor may recommend additional vitamin D supplementation.

What is FOSAMAX PLUS D?

Who should not take FOSAMAX PLUS D?

How should I take FOSAMAX PLUS D?

See "What is the most important information I should know about FOSAMAX PLUS D?" for important information about how to take the medicine and to help make sure it works for you. In addition, follow these instructions:

- Take FOSAMAX PLUS D once a week.
- Choose the day of the week that best fits your schedule. Every week, take 1 tablet of FOSAMAX PLUS D on your chosen day.
- After getting up for the day and before taking your first food, drink, or other medicine, swallow your FOSAMAX PLUS D tablet with a full glass (6-8 oz) of plain water only.
- It is important that you keep taking FOSAMAX PLUS D for as long as your doctor says to take it. For FOSAMAX PLUS D to continue to work, you need to keep taking it.
- If you miss a dose, take only 1 FOSAMAX PLUS D tablet on the morning after you remember. Do not take 2 tablets on the same day. Continue your usual schedule of 1 FOSAMAX PLUS D tablet once a week on your chosen day.
- If you think you took more than the prescribed dose of FOSAMAX PLUS D, drink a full glass of milk and contact your local poison control center or emergency room right away. Do not try to vomit. Do not lie down.

What should I avoid while taking FOSAMAX PLUS D?

- **Do not eat, drink, or take other medicines or supplements before taking FOSAMAX PLUS D.**
- **Wait for at least 30 minutes after taking FOSAMAX PLUS D to eat, drink, or take other medicines or supplements.**
- **Do not lie down for at least 30 minutes after taking FOSAMAX PLUS D. Do not lie down until after your first food of the day.**

What are the possible side effects of FOSAMAX PLUS D?

Some patients may get severe digestive reactions from FOSAMAX PLUS D. (See "What is the most important information I should know about FOSAMAX PLUS D?".) These reactions include irritation, inflammation, or ulcers of the esophagus, which may sometimes bleed. This may occur especially if patients do not drink a full glass of water with FOSAMAX PLUS D or if they lie down in less than 30 minutes or before their first food of the day. Esophagus reactions may get worse if patients continue to take FOSAMAX PLUS D after developing symptoms of an irritated esophagus.

Stop taking FOSAMAX PLUS D and call your doctor right away if you get any of these signs of possible serious problems:

- Chest pain
- Heartburn
- Trouble or pain when swallowing

Side effects in patients taking FOSAMAX PLUS D usually have been mild. They generally have not caused patients to stop taking FOSAMAX PLUS D.

The most common side effect is abdominal (stomach area) pain. Less common side effects are nausea, vomiting, a full or bloated feeling in the stomach, constipation, diarrhea, black or bloody stools (bowel movements), gas, headache, a changed sense of taste, and bone, muscle, or joint pain.

Severe bone, joint, and/or muscle pain has been reported in patients taking by mouth bisphosphonate drugs that are used to treat osteoporosis (thin bone). However, such reports have been rare. This group of drugs includes FOSAMAX PLUS D. Most of the patients were postmenopausal women (women who had stopped having periods). Patients developed pain within one day to several months after starting the drug. Most patients experienced relief after stopping the drug. Patients who develop severe bone, joint, and/or muscle pain after starting FOSAMAX PLUS D should contact their physician.

Some flu-like symptoms, mainly with fever, typically at the start of treatment, have occurred.

In rare cases, patients taking FOSAMAX PLUS D may get itching or eye pain, or a rash that may be made worse by sunlight. Rarely, severe skin reactions may occur. Patients may get allergic reactions, such as hives or, in rare cases, swelling that can be of their face, lips, tongue, or throat, which may cause trouble in breathing or swallowing. Mouth ulcers (sores) may occur if the FOSAMAX PLUS D tablet is chewed or dissolved in the mouth.

Rarely, patients have had jaw problems associated with delayed healing and infection, often following tooth extraction.

Anytime you have a medical problem you think may be from FOSAMAX PLUS D, even if it is not listed above, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then a similar amount of new bone is formed. This balanced process keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause, and may also occur in men. If osteoporosis bone is removed faster than it is formed, so overall bone mass is lost, and bones become weaker. Therefore, keeping bone mass is important to keep your bones healthy. In both men and women, osteoporosis may also be caused by certain medicines called corticosteroids.

At first, osteoporosis usually has no symptoms, but it can cause fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may not be painful, but over time they can make you shorter. Eventually, your spine can curve and your body can become bent over. Fractures may happen during normal everyday activity, such as sitting up, from minor injury that would normally not cause bones to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of ability to move around independently.

Who is at risk for osteoporosis?

Many things put people at risk of osteoporosis. The following people have a higher chance of getting osteoporosis:

- Women who are going through or who are past menopause
- Men who are elderly

People who

- Are white (Caucasian) or oriental (Asian)
- Are thin
- Have family member with osteoporosis
- Do not get enough calcium or vitamin D
- Do not exercise
- Smoke
- Drink alcohol often
- Take bone thinning medicines (like prednisone or other corticosteroids) for a long time

What should I know about vitamin D?

Vitamin D is an essential nutrient, required for calcium absorption and healthy bones. The main source is through exposure to summer sunlight which makes vitamin D in our skin. Winter sunlight in most of the United States is too weak to produce vitamin D. Even in the summer, clothing or sun block can prevent enough sunlight from getting through. In addition, as people age, their skin becomes less able to make vitamin D. Very few foods are natural sources of vitamin D. Some foods, such as milk, some brands of orange juice and breakfast cereals are fortified with vitamin D.

Too little vitamin D leads to low calcium absorption and low phosphate. These are minerals that make bones strong. Even if you are eating a diet rich in calcium or taking a calcium supplement, your body cannot absorb calcium properly unless you have enough vitamin D. Too little vitamin D may lead to bone loss and osteoporosis. Severe vitamin D deficiency can cause muscle weakness which can lead to falls, and greater risk of fracture.

What can I do to help treat osteoporosis?

In addition to FOSAMAX PLUS D, your doctor may suggest one or more of the following lifestyle changes:

- **Stop smoking.** Smoking may increase your chance of getting osteoporosis.
- **Reduce the use of alcohol.** Too much alcohol may increase the chance of osteoporosis and injuries that can cause fractures.
- **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries, including fractures. Talk with your doctor before you begin any exercise program.
- **Eat a balanced diet.** Having enough calcium in your diet is important. Your doctor can advise you whether you need to change your diet or take any dietary supplements, such as calcium or additional vitamin D.

What are the ingredients in FOSAMAX PLUS D?

Active ingredients: alendronate sodium and cholecalciferol (vitamin D). FOSAMAX PLUS D provides a week's worth of vitamin D (2800 IU). The Daily Value is 400 IU.

Inactive ingredients: cellulose, lactose, medium chain triglycerides, gelatin, croscarmellose sodium, sucrose, colloidal silicon dioxide, magnesium stearate, butylated hydroxytoluene, modified food starch, and sodium aluminum silicate.

How do I store FOSAMAX PLUS D?

- Store FOSAMAX PLUS D at 68 to 77°F (20 to 25°C). Protect from moisture and light. Store tablets in the original blister package or bottle and carton until time of use.
- Safely discard FOSAMAX PLUS D that is out-of-date or no longer needed.
- **Keep all FOSAMAX PLUS D and all medicines out of the reach of children.**

General information about using FOSAMAX PLUS D safely and effectively

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. This medicine was prescribed for your particular condition. Alendronate in FOSAMAX PLUS D acts specifically on your bones. Do not use it for another condition or give it to others.

This leaflet is a summary of information about FOSAMAX PLUS D. If you have any questions or concerns about FOSAMAX PLUS D or osteoporosis, talk to your doctor, pharmacist, or other health care provider. You can ask your doctor or pharmacist for information about FOSAMAX PLUS D written for health care providers. For more information, call 1-877-408-4699 (toll free) or visit the following website: www.fosamaxplusd.com.

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BUILDING A BETTER WORLD



Kidman and Heyzer, executive director of UNIFEM

In Noeleen Heyzer, Nicole Kidman found not only a mentor but the very heart of UNIFEM, the United Nations Development Fund for Women. Heyzer, a native of Singapore with a doctorate from the University of Cambridge, has made ending female oppression her life's work. Appointed as executive director in 1994, she explains UNIFEM's approach this way: "When you're looking at issues of ending violence against women, normally you work at it from an angle of victimization. We look at it from the perspective of empowerment. If you empower women economically, they will not be as vulnerable. I believe that we can abolish violence against women," she says, "the way we have abolished slavery."

Her plan is to now take her new volunteer, Kidman, on the road with her, to give her firsthand knowledge of UNIFEM's work. "Nicole is an artist on the cutting edge," she says of Kidman, whom she regards as a kindred spirit. "She's brought a lot of credibility to the creativity and passion of all women as a shaper of their own future. She breaks boundaries."

In the Past Decade, **UNIFEM** Has Ushered in a World of Change:

Less than 10 years ago, rapists in Peru and Costa Rica could avoid criminal prosecution by offering to marry their rape victims. Thanks to lobbying efforts by UNIFEM, these laws have been repealed.

UNIFEM has helped to get female genital mutilation, once a legal practice in many countries, banned by the governments of Egypt, Ghana, Ivory Coast and many others.

In Cambodia, UNIFEM encouraged the use of terms such as *rape*, *domestic abuse* and *sexual harassment* in the Khmer language, which previously did not have these words in its own lexicon. This increased the country's shared awareness and spurred activism.

In tsunami-devastated Indonesia, UNIFEM provided immediate financial support to craftswomen, allowing them to weave protective hats that were in big demand by newly arriving relief workers seeking refuge from the hot sunshine and in turn helped to stimulate the shattered local economy.

Support from UNIFEM enabled the launch of Radio Al Mahaba, Voice of Women, the first non-government women's radio station in Iraq. The station's programming features female human rights stories by volunteers and journalists.

In India, where at one time less than 10 percent of rape cases resulted in a conviction, judges participated in a UNIFEM-funded program that involved traveling to women's shelters to meet victims of rape, dowry-related violence and domestic abuse. The judges, so affected by the experience, asked for more trainers to be added to the program, who are now educating their peers.

CONTINUED



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Some of the Things UNIFEM Is Currently Trying to Change:

In Pakistan and many other Islamic nations, rape victims must provide several credible male witnesses to the attack. If they are unable to do so, they can be charged with adultery, a crime punishable by jail time. More than half of all women prisoners in Pakistan are in jail because they failed to prove rape charges.

In countries such as Jordan, Lebanon, Brazil and Egypt, rape victims are killed by male relatives in order to "salvage the family's honor." A recently study in Egypt showed that 47 percent of female deaths were at the hands of a male relative.

In a 10-country study on domestic violence, the World Health Organization found more than 50 percent of women in Bangladesh, Ethiopia, Peru and Tanzania reported being the victims of physical or sexual violence by intimate partners. In more rural parts of Ethiopia, numbers reached 71 percent.

During times of war and armed conflict, most recently in Sierra Leone, Croatia and Bosnia, 70 percent of casualties are civilians—predominantly women and children. Women are raped, abducted or enslaved. In Rwanda, during the 1994 genocide, nearly half a million women were raped.

The fear of violence often prevents HIV-positive women around the world from seeking treatment. In 1998, a woman in South Africa was stoned to death by male members of her community after announcing on radio and television that she was HIV positive on World AIDS Day.

In Costa Rica, 95 percent of pregnancies in girls under age 15 are the result of sex abuse by relatives.

—Reporting by Erik Price

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BOSTON BLONDE

Julie Bowen, who plays a sassy lawyer on *Boston Legal*, testifies here about flirting with her handsome costars

By REBECCA ASCHER-WALSH

Julie Bowen knows nice. She was nice as Adam Sandler's love interest in *Happy Gilmore*. She was nice as Noah Wyle's girlfriend on *ER*. And she was famously nice for years on *Ed*, as the love of his life, former cheerleader Carol. "I'd had my fill," says Bowen, a 37-year-old Baltimore native. "I was wishing I wasn't so nice all the time."

Wish granted. As Denise Bauer, an aggressive attorney who would shred a pair of pom-poms before she'd ever wave them, Bowen is having a ball on ABC's drama *Boston Legal*, starring opposite such luminaries as James Spader, William Shatner and Candice Bergen.

Ladies' Home Journal: For a happily and recently married lady [EDITOR'S NOTE: Bowen wed Scott Phillips in September 2004], you've gotten to kiss a lot of good-looking men!

Julie Bowen: I have, haven't I? This year I've kissed Michael J. Fox [who played a *Legal* love interest], Matthew Fox [on *Lost*] and John Stamos, whom I worked with on *Jake in Progress*. I had an enormous amount of bedroom scenes with Mr. Stamos, which was weird because I'd just gotten married. I got back from my honeymoon and started going to work with one of the best-looking men on the planet and kissing him madly all over the place. I'd come home completely screwy.

LHJ: Did that make Scott crazy?

JB: Scott met me during *Ed*, so he was used to asking, "What did you do today?" and my saying, "Oh, I made out with Tom Cavanaugh for hours." But after working with Stamos, I'd say, "Honey, we need to go to a romantic dinner and look into each other's eyes, because Stamos is very hot."

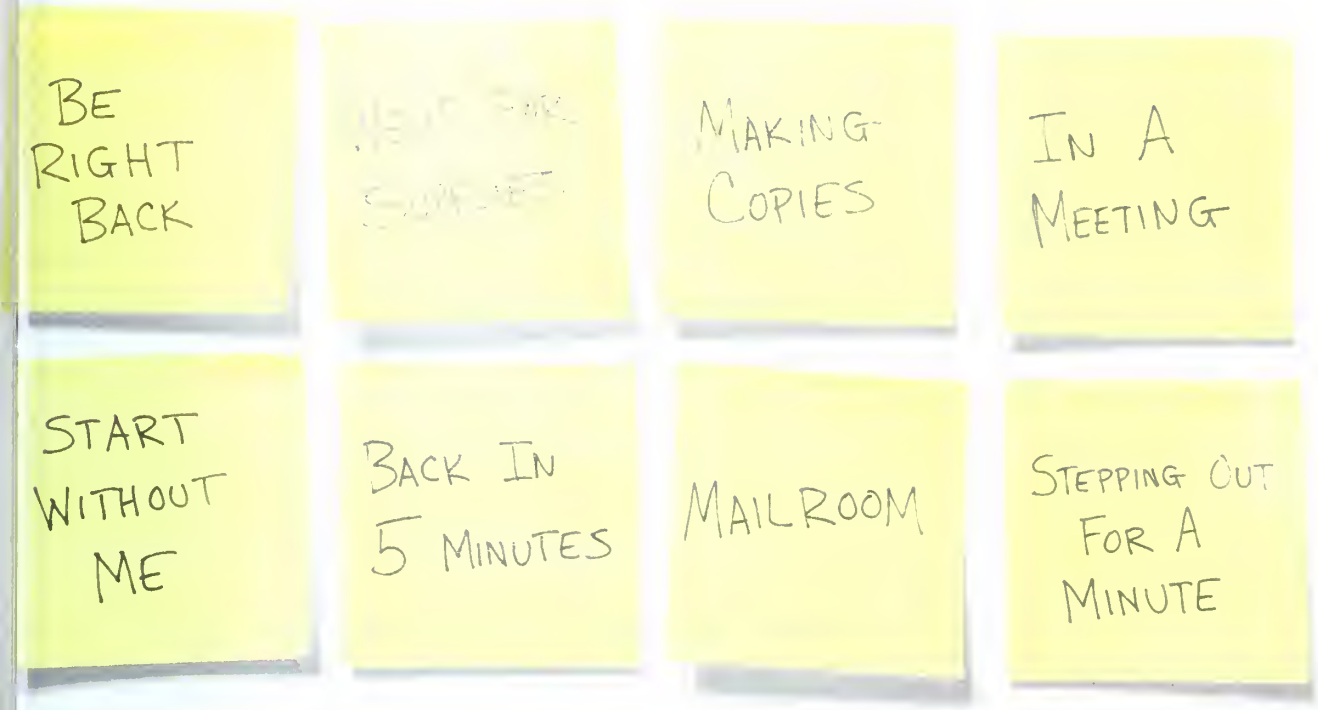
LHJ: Tell us about Scott—what made him the "one"?

JB: He's funny and patient and, for some reason, he thinks I'm the bee's knees, which I just don't get. I'm moody, can be irrational and have an extremely distorted relationship with the mirror. Scott was a computer writer but now he buys and renovates houses. I married a computer geek and now I have a construction worker!

LHJ: You went to Brown University and speak fluent Italian. Any of that suggest a career backup plan for you if you ever need one?

JB: That's what my mother keeps asking me. I think if someone pulled the plug, I'd go back to school and learn something useful. Acting is such a weird thing—anybody can one day decide, "I'm an actor!" I've always wanted to have a skill. Maybe not welding … though there is something about saying "I can weld."

WWW.LHJ.COM



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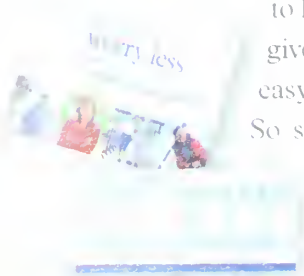
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Same-Sex Parents

No other family type has generated as much controversy as same-sex couples, and yet they continue to challenge the status quo

By CAROL MITHERS

Who: Gay and lesbian couples raising children together

How many: According to the 2000 U.S. Census, some 600,000 same-sex couples live together, and they are raising an estimated 250,000 children. Some partners have children from heterosexual marriages; others adopt or use artificial insemination or surrogacy.

Legal limbo: A patchwork quilt of laws governs these households. Children being raised by same-sex couples in those states that bar same-sex unions may have only one legal parent in the household unless the couples are able to get approval for second-parent adoption. This entitles the children to the legal and health benefits of both parents.

The rights fight: Forty-four states bar same-sex unions. At press time, three states ban same-sex couples from adopting; three more may do so soon. But the number of Americans who disapprove of adoption by same-sex couples fell from 60 percent in 1996 to 45 percent in 2004.

Representative family: Sue Marriott, right, and Tanya Voss, of Austin, Texas. Marriott, 39, is a psychotherapist. Voss, 38, is an assistant professor. They've been a couple for 17 years and have two sons, Mason, left, 7, and Cade, 4. CONTINUED

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1. et al. The efficacy of Glucosamine/Chondroitin Arthritis Intervention Trial (GAIT) for Osteoarthritis (OA) [abstract]. Arthritis Rheum 2004;50(9 Suppl):S190.

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Sue Marriott, Tanya Voss, and their sons (plus a dog, a cat and a hamster) live in a two-story house in Austin with a big backyard. On Sundays, Voss and the boys go to church. Then the family goes to the park and finally heads home for movie night. Weekdays are a blur of school, play dates and soccer games. "We're just boring and domestic," says Marriott.

Yet Marriott and Voss, like other gay parents, live in legal limbo even though such organizations as the American Academy of Family Physicians and the Child Welfare League of America have called for the same legal protections for children of gay and lesbian parents as those of heterosexual parents. Marriott and Voss filed a Domestic Partnership statement when it became available in Austin in 1993. However, according to their lawyer, while married couples are each other's legal next of kin when it comes to issues such as health-care decisions, this is not necessarily the case for same-sex couples. Their lawyer advised Voss and Marriott to file seven documents, including durable power of attorney for health care and financial power of attorney. But last year Texas joined 17 other states that have approved constitutional amendments barring same-sex marriages, civil unions and domestic partnerships. Even though Marriott and Voss signed a Domestic Partnership statement, hospitals could cite this amendment as justification for overriding such documents as durable power of attorney for health care.



Marriott, left, and Voss enjoying a family moment with their sons Mason, center, and Cade

Marriott and Voss both grew up in Texas. They met as undergraduate students, fell in love quickly and deeply, and moved in together within a year. In 1993 they held a commitment ceremony officiated by the pastor of Marriott's church. Among the 100 guests were Marriott's mother and father and Voss's aunt and her children.

Marriott had always craved a family; Voss didn't plan on having children because "after I realized I was gay, it didn't occur to me that this was an option." But by the late '90s, with established careers, they agreed it was time. Using anonymous donor sperm, Marriott became pregnant with Mason. Later, with a different donor, Voss conceived Cade. Voss got approval for second-parent adoption of Mason, and Marriott did the same for Cade. In Texas approval is up to the judge. "I sent our judge a thank-you note," says Voss. The boys call Marriott mama and Voss ammi, the Urdu word for "mama" that Voss learned from a Pakistani friend.

"WE WANT LEGAL RECOGNITION OF SAME-SEX UNIONS BECAUSE WE WANT TO PROTECT OUR KIDS"

The Marriott–Voss clan doesn't turn heads in liberal Austin. Both Mason and Cade have had classmates being raised by lesbian couples, and the boys have male role models such as their uncle and their Cub Scout leader.

Yet their family doesn't have the legal rights others have. When Cade was ill the hospital balked at letting Marriott into the intensive care unit. Recently she took Mason to the ER. "He's covered under Tanya's insurance," she says. "I signed the paperwork. The question was, 'If you're his mother, who's Tanya Voss?'" Also, if states that ban second-parent adoptions won't recognize one granted elsewhere, a medical emergency while traveling could be a problem.

In a perfect world, the couple say, they would be married and their family so unremarkable it wouldn't be news. "Trying to get legal recognition of same-sex unions is not about pushing 'our way of life,'" Marriott says. "All we want is to protect our kids."

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Mom's Success Story



Amy lost 32 lbs. of fat thanks to Everslim™!

Introducing Amy Zona, great mom, wife, and desktop engineer from New York

Lose up to 3.5 times MORE weight than diet and exercise alone*

B... ...d Everslim ...ally formulated ...ns work all day to help ...your body back fast* Studies have ...lose up to ... ...t and exercise alone*

Amy Zona, wife and mother, knows about the challenges of wearing different hats while trying to ... Still wanting to get back to ... Everslim plus ... and exercise program. She lost an amazing ... fat while losing 10 pounds on the scale ... 14 weeks. But Amy's increase in muscle ... toned, defined and stronger than before! Everslim helped Amy ... eight in these ... days with proper diet and exercise.

- Increases Metabolism* • Reduces Appetite
- Mom's Choice* • Promotes Fat Burning

Everslim ... with clinically proven ... your goals. The Daytime ... calories throughout ... The Nighttime formula ... appetite and supports ... pas- ... and valerian root

24 hour



Amy's BEFORE Stats — Waist 32.25, Hips 40.5

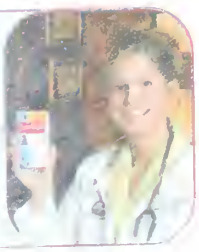


Amy's AFTER Stats — Waist 26.25, Hips 37

Results will vary

Get your Everslim today.
It could change your life too!



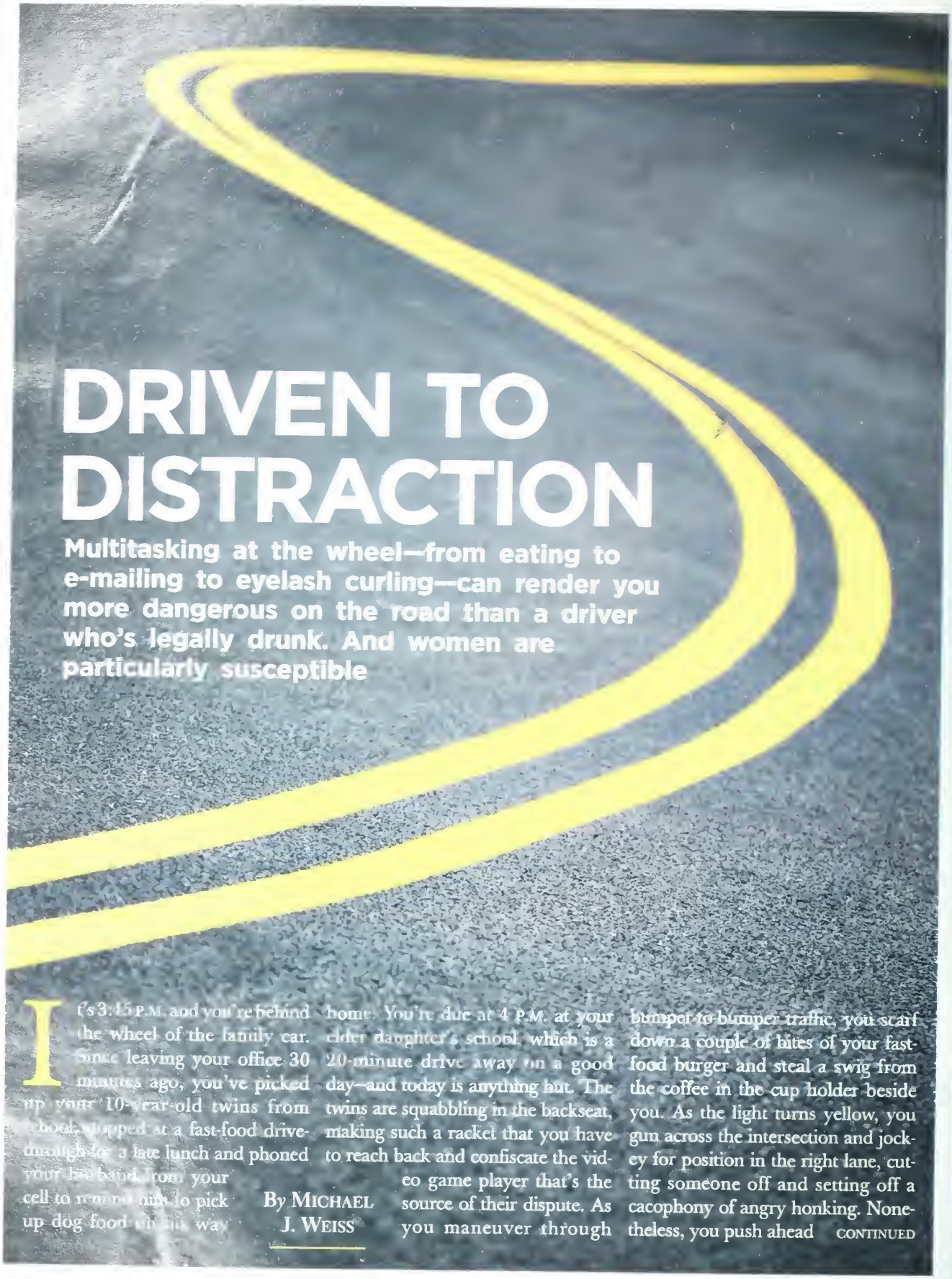




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DRIVEN TO DISTRACTION

Multitasking at the wheel—from eating to e-mailing to eyelash curling—can render you more dangerous on the road than a driver who's legally drunk. And women are particularly susceptible

It's 3:15 P.M. and you're behind the wheel of the family car. Since leaving your office 30 minutes ago, you've picked up your 10-year-old twins from school, stopped at a fast-food drive-through for a late lunch and phoned your husband from your cell to remind him to pick up dog food on his way home. You're due at 4 P.M. at your elder daughter's school, which is a 20-minute drive away on a good day—and today is anything but. The twins are squabbling in the backseat, making such a racket that you have to reach back and confiscate the video game player that's the source of their dispute. As you maneuver through bumper-to-bumper traffic, you scarf down a couple of bites of your fast-food burger and steal a swig from the coffee in the cup holder beside you. As the light turns yellow, you gun across the intersection and jockey for position in the right lane, cutting someone off and setting off a cacophony of angry honking. Nonetheless, you push ahead CONTINUED

By MICHAEL J. WEISS

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3
Another day without heartburn.
It started wo
about frequen
0
HEARTBURN
24
HOURS
1
Prilosec
OTC
What day are you on?
as directed for 14 days
for immediate relief.

to the highway entrance, clocking at least 10 miles above the speed limit the rest of the way. Your cell phone rings but after trying to fish it out of your deep pocketbook on the seat beside you with your left hand, you give up just as it stops ringing. You pull up to the school at 4:10 to find your daughter sitting by herself on the steps, pouting. *Late again.* But, hey, you've all made it in one piece.

Well, this time, anyway. Next time you may not be so lucky. In an era when our cars increasingly function as mobile living rooms and home offices, distracted, stress-fueled driving has become an epidemic among multitasking "the buck stops here" women. In fact, the fatal accident rate among licensed women drivers ages 18 to 34 has soared by 12 percent over the past decade, making car crashes the number one cause of death for women and men in this age group (some of the increase in female fatalities is attributable to there simply being more women at the wheel).

New research from the Virginia Tech Transportation Institute (VTTI), in Blacksburg, has found that distracted driving—and the aggressiveness it often engenders (see "Women in Overdrive" on page 154)—accounts, directly and indirectly, for nearly 80 percent of the 6.3 million crashes that occur annually in the United States. (According to Peter Kissinger, president and CEO of the AAA Foundation for Traffic Safety [AAAFTS], in Washington, D.C., previous estimates put this figure at 25 to 50 percent.)

One mom who paid the ultimate price for multitasking was Jessica Peyton, a Marine stationed at Marine Corps Base Quantico, near Richmond, Virginia. In April 2005 Peyton's car ran off the interstate, crossed both southbound lanes and the median and veered into the northbound lanes, where it collided with a jeep; both vehicles were going about 65 mph. The police report attributed the accident to "driver inattention," and the officer on the scene speculated that Peyton had lost control of her car after she turned around to attend to her 2-month-old son, who was strapped into a car seat in the back. Peyton, 19, was killed, but her baby and the occupants of the jeep survived.

MORE DIVERSIONS, MORE DANGERS

Experts have been concerned about distractions since the invention of the car. In the early 1900s scientists railed against windshield wipers, arguing that their repetitive movement would hypnotize motorists.

Today distractions are the rule, not the exception. A staggering 97 percent of drivers voluntarily take their eyes off the road to reach down for something; 91 percent fiddle with music controls; 71 percent eat or drink; and 46 percent groom themselves behind the wheel, according to a 2003 study at the University of North Carolina Highway Safety Research Center, in Chapel Hill. A human resources director from McLean, Virginia, succumbing to the temptation to do double duty behind the wheel, confesses that she changed the password on her BlackBerry so she can enter it with one hand and therefore e-mail colleagues while she's driving to work.

CONTINUED

ARE YOU SLEEPDRIVING?

The most widely prescribed sleep aid in America, zolpidem tartrate (marketed under the brand name Ambien), is turning up more and more in the bloodstreams of impaired drivers. In Washington state last year, for instance, a reported 78 people who were arrested for driving impaired had zolpidem tartrate in their system, up from 36 in 2004. Why are so many people using it? Blame rampant sleep problems: Some 63 percent of women and 54 percent of men, or 70 million people, experience insomnia at least a few nights a week, according to the National Sleep Foundation, in Washington, D.C. Most cases of driver impairment, however, arise from users' taking the medication improperly—with alcohol or a conflicting drug; in a too-high dosage; at an inappropriate time (some arrested drivers admitted taking zolpidem tartrate, which takes effect almost immediately, while driving home so that it would "kick in" by the time they arrived); or without the seven to eight uninterrupted hours available for sleep that the instructions stipulate. If you decide to try a sleep aid, be sure you read—and follow to the letter—the instructions on the label.

—K. Emily Bond

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If that last quit attempt left a bad taste in your mouth, try this.

Introducing [illegible] stop smoking lozenge clinically proven [illegible]. In fact, the 4mg lozenge actually doubles your [illegible] and now it's available in a handy new Pop Pac.



Real help. Real hope.

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Women in Overdrive

Aggressive driving encompasses speeding, tailgating, weaving in and out of traffic, failing to signal properly, rolling through stop signs and other infractions that endanger other persons or property. Aggression causes more than a third of fatal roadway accidents and is far more prevalent than road rage, which involves violent driving behavior. "For every incident of road rage there are hundreds of thousands of acts of aggressive driving," says Jerry Deffenbacher, Ph.D., a driving authority and professor of psychology at Colorado State University, in Fort Collins.

WOMEN, according to a new study from the University of Minnesota, are as likely to be aggressive as men. Their aggressive driving increases when they have high demands at home but a lack of appreciation from family members, says Barbara Curbow, Ph.D., professor of public health at the University of Florida, in Gainesville, who studies female drivers.

CONGESTION is the main provocation, say experts. Since 1974, the number of miles logged annually by American drivers has more than doubled (from 1.3 to 3 billion), while the total miles of U.S. highway have increased only slightly, says Doug Hecox, a spokesperson for the Federal Highway Administration, in Washington, D.C. And in estimating how long it will take to get somewhere, few motorists factor in backups, slowdowns, construction and accidents.

THE SO-CALLED iron-womb effect also contributes to driver aggression, providing an illusion of strength and impenetrability to those inside a car. "People feel no need to be civil to other motorists when they're encased in 3,000 pounds of steel," says Mantill Williams, director of public affairs for the AAA, in Washington, D.C.

ALTHOUGH 10 states have enacted laws calling for increased citations and fines for aggressive driving, experts worry that more congestion and more rushed, stressed-out drivers will create more Mad Maxes and Maxines in the future. The best solution? Keep a cool head behind the wheel, says Marilena Amoni, associate administrator at the National Highway Traffic Safety Administration, in Washington, D.C.

And some of the commonest distractions—CD players, satellite radios, navigation screens—are now built right into our cars. "Drivers are reaching sensory overload," says Kissinger. "As the number of distractions goes up, the margin of safety goes down."

Jane Stutts, Ph.D., a senior researcher at the center in Chapel Hill, believes that Americans mistakenly feel indestructible in their cars, thinking of them as comfy cocoons rather than potentially deadly, nearly two-ton projectiles that can travel the length of a football field in the three seconds it takes to change a CD. "People have been lulled into a false sense of security that they can drive and do all kinds of other activities at the same time," Dr. Stutts says. "But a catastrophe can happen in the time between dropping a taco and bending down to retrieve it."

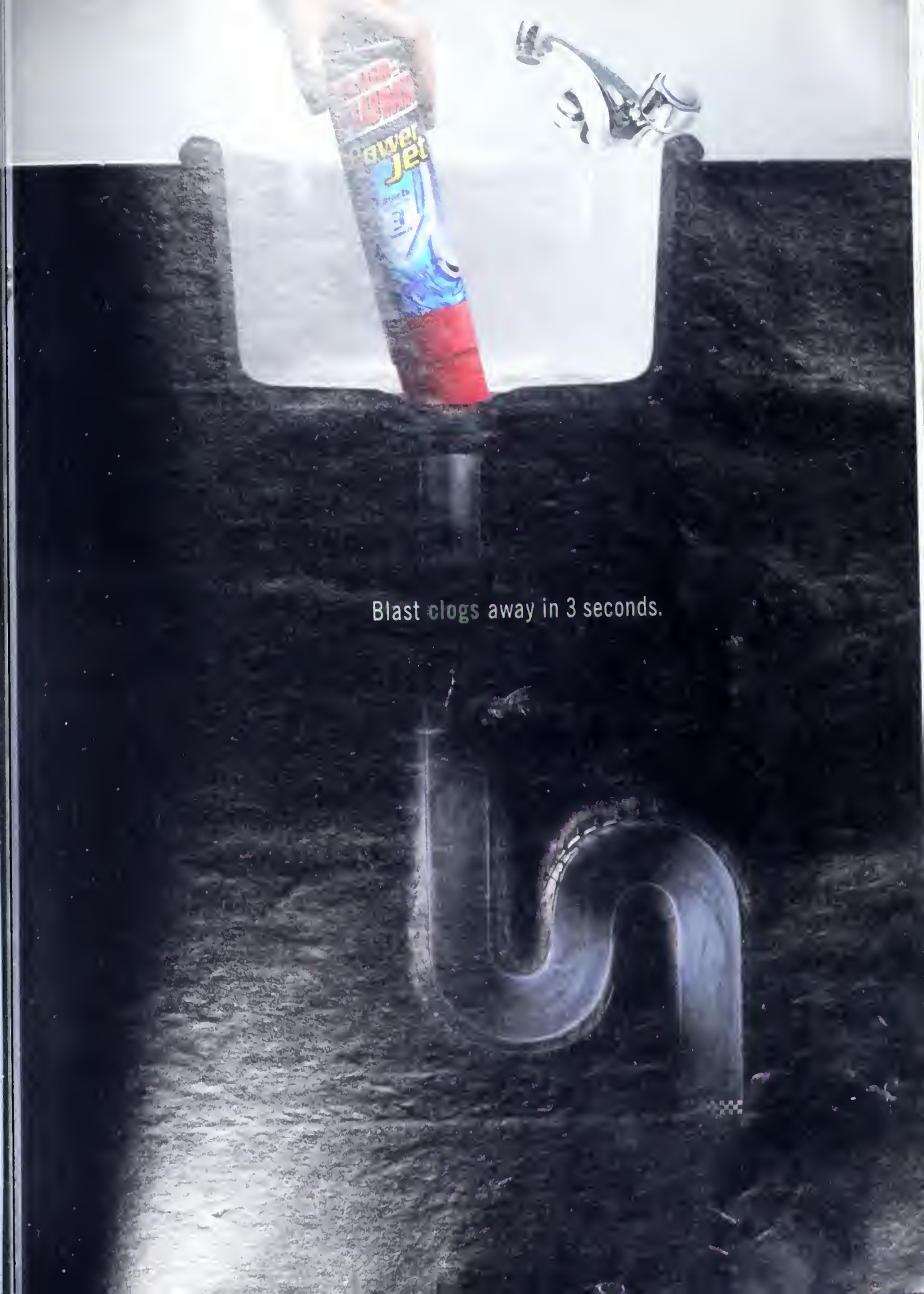
Another way to measure the hazards of distraction comes from a new study from the University of California, San Diego. Subjects driving a simulator were told to brake as soon as they saw brake lights on the car in front of them. They were also asked to simultaneously perform simple tasks such as pressing a button or saying a word out loud when a light flashed. The results: Subjects were slower to brake when they had to perform both tasks, a delay that, in a car moving at 65 mph, would translate into 16 extra feet of forward movement—and all the possible attendant damage.

CAN YOU DRIVE AND TALK AT THE SAME TIME?

Perhaps no distraction is as perilous as the use of wireless devices. Approximately 10 percent of people with cell phones use them while driving, according to a 2003 Gallup Poll. A new study from VTTI highlights just how hazardous wireless gadgets are: Using cameras and car sensors to track 100 vehicles and their drivers for a year over 2 million miles, researchers found that such devices contributed more frequently to crashes, near crashes and evasive maneuvers than any other distraction. Researchers found the riskiest activity was dialing a cell phone, though talking on the phone contributed nearly as much to crashes.

Drivers on the phone have more difficulty registering what they see, a phenomenon that David Strayer, Ph.D., a researcher at the University of Utah, in Salt Lake City, calls "inattention blindness." "Their eyes may fall on a stop sign but they won't really see it," he says. "Their brains simply fail to register objects that appear in their field of vision, on or off the road."

The results of Dr. Strayer's 2004 study are even more alarming. He found that drivers on a simulated course had, on average, 9 percent slower reaction times when they were talking on a cell phone than CONTINUED


Jet
Blast clogs away in 3 seconds.

when they were legally drunk. And hands-free models are not appreciably safer than handheld ones. "It is not the device but the phone conversation itself that causes accidents," says Dr. Strayer. The fact that conversation is taking place over the phone, he adds, is what makes it far more distracting than talking with a passenger. "When a driver talks with a passenger, both will adjust their conversation to what's happening on the road, pointing out traffic or particular hazards. But if you're talking on the phone, the other person isn't there to help you out."

What's more, the list of high-tech distractions is growing. This year 36 of 43 American and foreign carmakers offered navigation devices and 29 offered "rear seat video" or DVD players as standard or optional equipment in their vehicles, according to the Telematics Research Group, in Minnetonka, Minnesota.

Eron Shosteck, director of communications for the Alliance of Automobile Manufacturers, points out that automakers follow voluntary safety guidelines, positioning DVD screens for backseat viewing only and installing other devices in such a way that they can't be turned on unless a car is not in motion. Many researchers, however, worry that even approved navigation devices can undermine a driver's concentration. A 2004 study by the University of Michigan Transportation Research Institute, in Ann Arbor, found that drivers who manually entered information or commands on touch screens like those on dashboard navigation systems became significantly distracted.

NEW RULES FOR SAFER ROADS

Regulators are beginning to respond to the problem of distracted driving. In 2001 New York enacted the first ban on handheld cell phone use while driving; at press time only three states, plus Washington, D.C., had followed suit. Connecticut, New Jersey and New Hampshire, as well as D.C., have passed laws against distracted or negligent driving, imposing stiff fines. Nevada recently stiffened penalties levied against drivers who cause fatalities while eating, using a cell phone or putting on lipstick from less than $200 to a maximum of $1,000 and six months in jail.

Thirty-eight states have laws specifically restricting onboard video screens from the driver's line of sight. In



Alaska, state representative Max Gruenberg proposed a bill in January 2005 to toughen sanctions against driving while watching a DVD. Erwin Peterson Jr. was allegedly watching a movie on a DVD player when his truck struck and killed Gruenberg's friends Donna and Robert Weiser. For lack of proof, Peterson was acquitted of charges of second-degree murder. Concerned by the dangers posed by drivers watching DVDs while on the road, Gruenberg vowed to change the law. "Why must people die before anyone addresses distracted drivers?" Gruenberg asks. "We need laws to limit distractions in this age of technology that can divert a driver's attention and cause accidents." His bill had strong bipartisan support but at press time had yet to come up for a final vote in the Alaska legislature.

Whether such measures truly make the roads safer remains to be seen. Despite New York's relatively long standing prohibition against cell phones, the state has not seen a sharp reduction in accidents. "Distracted driving is caused by a multitude of factors," says Jonathan Adkins, chief spokesman of the Governors Highway Safety Association, in Washington, D.C. "Most states don't think it's practical to have laws banning every kind of bad behavior."

Fortunately, some manufacturers, including Ford, Mazda and Daimler-Chrysler, have begun to grasp the scope of the problem and are redesigning vehicle interiors to reduce potential distractions (not to mention lawsuits). Chrysler, Dodge and Jeep vehicles now offer hands-free communications systems that drivers can use with their cell phone—plus steering wheel and audio system controls that drivers can use without moving their hands from the wheel or their eyes from the road.

The ultimate responsibility to limit distractions, of course, lies not with legislators or manufacturers but with drivers themselves. Unfortunately, for many busy Americans safety concerns—even common sense—are too often overridden by the need to multitask. But the single best way to prevent crashes is to remind yourself that a car driven by a distracted driver can become a deadly weapon.

Are you too distracted? Take our quiz and find out. www.fi...

Finally. Shave Cream for Women



PURE SILK.

Conditioners for a longer lasting shave. Emollients to help prevent nicks & cuts. Rich moisturizers that live up to the name, Pure Silk. Finally, luxury meets value!



For legs like Pure Silk.

SPECIAL ADVERTISING SECTION

HealthyDose

Migraine Health

VOLUME II

A Ladies' Home Journal Healthy Dose™ Advertising Section



A Healthy Dose of Knowledge

Written by
Katherine Sherif, M.D.

Director of the Center for Women's Health at Drexel University College of Medicine

Dear Readers,

I hope that you found last month's Healthy Dose™ Bone & Joint Health section to be informative. As a physician seeing patients throughout the day and teaching tomorrow's doctors, I am passionate about not just treating illnesses but preventing them. My goal is to provide both patients and doctors with the tools to make educated decisions about their health. And that's what Healthy Dose™ is all about.

This month we'll examine a health issue that affects women disproportionately—migraines. Migraines can sometimes be prevented by adequate sleep, eating regular meals and avoiding certain triggers. If migraines persist, medication taken very early on may resolve the pain. However, if the migraines are so disruptive that they interfere with daily functioning, there are medications available to help prevent them. I hope that I can provide you with new information about how to manage your migraines that will help you live [illegible] with fewer migraines.

Sincerely,
Dr. Katherine Sherif

Did you miss the May issue of Healthy Dose™ on osteoporosis and osteoarthritis? You can find it online at www.healthydose.com

What every woman needs to know about Migraines

Twenty-eight million Americans suffer from migraines—debilitating headaches characterized by throbbing pain, usually on one side of the head—and women are three times more likely to be affected by them than men are. The condition is more common than asthma or diabetes, yet more than half of sufferers haven't received a diagnosis. Many don't bother seeing a doctor because they think they have to live with the pain, or they may have been misdiagnosed with tension or sinus headaches. That's troubling, because more than half of sufferers report that their pain is so severe it forces them to stay in bed. In fact, about 157 million workdays are lost every year due to migraine headaches, according to the National Headache Foundation, in Chicago.

28 million Americans
suffer from migraines

Even when sufferers do receive a diagnosis, they may not get the right treatment. One recent study found that people who have been told they have migraines suffer just as much as those who have not received a diagnosis. The good news is that doctors are gaining a better understanding of what causes migraines—and how best to treat and prevent them.

The Lowdown on Symptoms

Most of us experience tension headaches, which are characterized by a dull ache on both sides of the head, often in the forehead, temples or back of the head. While they're a nuisance these headaches don't usually interfere with your daily activities. In contrast, migraine headaches can wreak havoc on your life. In the American Migraine Prevalence and Prevention Study (AMPP), the largest study of migraine sufferers ever conducted, nine out of 10 patients said they can function normally when a migraine strikes. More than 25 percent missed at least one day of work over a three month period, and nearly half reported that their migraines interfered with their ability to do household chores. About 30 percent of sufferers were unable to participate in a family or social activity because of their headach

The classic migraine symptom is throbbing pain on one side of the head, often accompanied by nausea, vomiting and hypersensitivity to light and noise. The pain may be aggravated by changing position. But not everyone has the classic symptoms; in fact, migraines can resemble other types of headache. You may experience a stuffy nose, sinus pain and eye

ing, as with a sinus headache, you may have pain on both sides of r head, as is common with a ion headache. A small percentage patients also experience what's own as an aura, which precedes a graine attack and usually lasts for than an hour. Symptoms include ual disturbances such as light nes, zigzag lines or shimmering ts. Some people also experience nbness and tingling in their arms face. Keep in mind, however, not all painful headaches are graines. Call your doctor immeely if you experience a headache ng with a stiff neck or fever, or if ir headache came on suddenly.

You may experience the following symptoms before or during a migraine attack. These can occur at any time of the day or even wake someone up in the middle of the night.

Keep a record of the frequency and severity of your symptoms. This will help your doctor determine which type of treatment is best for you.

Symptoms without aura

- One-sided throbbing pain
- Nausea (with or without vomiting)
- Hypersensitivity to light and sound

Symptoms with aura

- One-sided throbbing pain
- Nausea (with or without vomiting)
- Hypersensitivity to light and sound
- Visual disturbances such as blurred vision, jagged lines, flashing lights or blind spots
- Disruptions in taste or smell
- Numbness or tingling in arms and face



157 million
workdays are lost every year due to migraines

Did you know

9 out of 10 patients said they can't function normally when a migraine strikes.

In a typical migraine attack, you wake up with a deep, dull pain on one side of your head (and it may not be the same side every time). The pain may start out as moderate, but it can gradually worsen throughout the day.

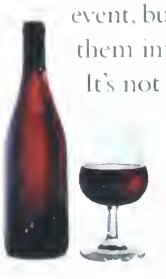
Migraines vary in duration; they can last anywhere from four hours to three days. For some people, migraines occur several times a week; for others, they strike [illegible] a month. Most sufferers experience an average of one [illegible]

A New Understanding of Migraines



Migraines run in families; in fact, a child has a 50 percent chance of suffering from a migraine if one parent experiences attacks and a 75 percent chance if both parents do. So what causes these headaches? Doctors don't understand the exact mechanism yet, but hormones are probably involved, since women are more likely to suffer than men. In addition, the brain chemicals dopamine and serotonin are thought to play a role. This discovery has led to more effective treatments for migraines.

It's clear that migraines are set off by diet, environmental factors, emotions, medications and hormones. Triggers differ among sufferers, but the most common are alcohol (especially red wine) and stress. Some women may not have headaches during a stressful event, but they may develop them immediately afterward. It's not uncommon to have a migraine on the weekend after a tough week at work.



Most common triggers are alcohol (especially red wine) and stress

Common migraine triggers

Making subtle changes to your lifestyle can reduce the onset of migraine attacks.

Try to avoid these triggers if possible:

Environmental and Physical

- tobacco smoke
- bright light
- abrupt changes in barometric pressure
- abrupt changes in altitude
- perfumes
- chemical smells
- stress and anxiety
- fatigue
- oversleeping or sleep deprivation
- hormonal fluctuations
- very hot or cold temperatures

Dietary

- chocolate
- aged cheeses
- citrus fruits
- alcohol
- nitrates (found in processed meats)
- food coloring
- aspartame
- monosodium glutamate (MSG)

Medicinal

- nitroglycerin (for chest pain or heart disease)
- ranitidine (for heartburn)
- hydralazine (for blood pressure or heart failure)





Frequent migraine sufferers are either battling a migraine attack or worrying about when the next one will strike. It can seem like an endless cycle of suffering, treating and worrying – possibly distracting you from the things that are most important to you. If you're feeling trapped by this cycle, there may be hope, with TOPAMAX.

TOPAMAX can help change the cycle

While migraine attacks can't be completely eliminated, **TOPAMAX helps stop migraines before they start,** so you can get fewer of them to worry about. Although the exact way TOPAMAX works is unknown, it is believed to help "calm" overexcitable nerve cells in the brain so they don't send out the signals that can cause migraine pain.

Unlike treatments you use at the start of a migraine, TOPAMAX works differently. It's a daily medication that you take for as long as you and your doctor decide you need it. And it just may be the change you are looking for.

TOPAMAX is approved for migraine prevention in adults only. TOPAMAX is not for the acute treatment of migraines.

TOPAMAX may cause side effects, so talk to your doctor to see if it could be an option for you. Please see important safety information below.

tant Safety Information

risks associated with TOPAMAX
ease in the acidity of the
ue. More severe sympto
evel of alertness. Chronic
disease. Your doctor
measure bicarbonate levels.

erious risks include
decreased sweating, increased body
ature, kidney stones
difficulty concentrating. Tell your
immediately if you h

ommon side effects
appetite, nausea, diarrhea, taste
and weight loss
s you take

TOPAMAX®
(topiramate)

Because life shouldn't always revolve around migraines.

Please see brief summary of full Prescribing Information on the adjacent pages.

TOPAMAX®
(topiramate)
Tablets

TOPAMAX®
(topiramate capsules)
Sprinkle Capsules

Brief Summary of Full Prescribing Information for Migraine. CLINICAL STUDIES FOR OTHER INDICATIONS WILL HAVE DIFFERING ADVERSE EVENTS AND SAFETY CONCERNS. PLEASE SEE FULL PI FOR THIS INFORMATION REGARDING TOPAMAX® FOR EPILEPSY.

INDICATIONS AND USAGE

Migraine: TOPAMAX® (topiramate) Tablets and TOPAMAX® (topiramate capsules) Sprinkle Capsules are indicated for oral administration for the prophylaxis of migraine headache. The usefulness of TOPAMAX® in the acute treatment of migraine headache has not been studied.

CONTRAINDICATIONS: TOPAMAX® is contraindicated in patients with a history of hypersensitivity to any component of this product.

WARNINGS: Metabolic Acidosis: Hyperchloremic, non-anion gap, metabolic acidosis (i.e., decreased serum bicarbonate below the normal reference range in the absence of chronic respiratory alkalosis) is associated with topiramate treatment. This metabolic acidosis is caused by renal bicarbonate loss due to the inhibitory effect of topiramate on carbonic anhydrase. Such electrolyte imbalance has been observed with the use of topiramate in placebo-controlled clinical trials and in the post marketing period. Generally, topiramate-induced metabolic acidosis occurs early in treatment although cases can occur at any time during treatment. Bicarbonate decrements are usually mild-moderate (average decrease of 4 mEq/L at daily doses of 400 mg in adults and at approximately 6 mg/kg/day in pediatric patients); rarely, patients can experience severe decrements to values below 10 mEq/L. Conditions or therapies that predispose to acidosis (such as renal disease, severe respiratory disorders, status epilepticus, diarrhea, surgery, ketogenic diet, or drugs) may be additive to the bicarbonate lowering effects of topiramate. Metabolic acidosis has been observed at doses as low as 50 mg/day. Serum bicarbonate levels have not been systematically evaluated at daily doses greater than 400 mg/day. The incidence of persistent treatment-emergent decreases in serum bicarbonate in placebo-controlled trials for adults for prophylaxis of migraine was 44% for 200 mg/day, 39% for 100 mg/day, 23% for 50 mg/day, and 7% for placebo. The incidence of a marked, abnormally low serum bicarbonate (i.e., absolute value <17 mEq/L and >5 mEq/L decrease from pretreatment) in these trials was 11% for 200 mg/day, 9% for 100 mg/day, 2% for 50 mg/day, and <1% for placebo. Some manifestations of acute or chronic metabolic acidosis may include hyperventilation, nonspecific symptoms such as fatigue and anorexia, or more severe sequelae including cardiac arrhythmias or stupor. Chronic, untreated metabolic acidosis may increase the risk for nephrolithiasis or nephrocalcinosis, and may also result in osteomalacia (referred to as rickets in pediatric patients) and/or osteoporosis with an increased risk for fractures. Chronic metabolic acidosis in pediatric patients may also reduce growth rates. A reduction in growth rate may eventually decrease the maximal height achieved. The effect of topiramate on growth and bone-related sequelae has not been systematically investigated. Measurement of baseline and periodic serum bicarbonate during topiramate treatment is recommended. If metabolic acidosis develops and persists, consideration should be given to reducing the dose or discontinuing topiramate (using dose tapering). If the decision is made to continue patients on topiramate in the face of persistent acidosis, alkali treatment should be considered. **Acute Myopia and Secondary Angle Closure Glaucoma:** A syndrome consisting of acute myopia associated with secondary angle closure glaucoma has been reported in patients receiving TOPAMAX®. Symptoms include acute onset of decreased visual acuity and/or ocular pain. Ophthalmologic findings can include myopia, anterior chamber shallowing, ocular hyperemia (redness) and increased intraocular pressure. Mydriasis may or may not be present. This syndrome may be associated with supraciliary effusion resulting in anterior displacement of the lens and iris with secondary angle closure glaucoma. Symptoms typically occur within 1 month of initiating TOPAMAX® therapy. In contrast to primary narrow angle glaucoma, which is rare under 40 years of age, secondary angle closure glaucoma associated with topiramate has been reported in pediatric patients as well as adults. The primary treatment to reverse symptoms is discontinuation of TOPAMAX® as rapidly as possible, according to the judgment of the treating physician. Other measures, in conjunction with discontinuation of TOPAMAX®, may be helpful. Elevated intraocular pressure of any etiology, if left untreated, can lead to serious sequelae including permanent vision loss. **Oligohidrosis and Hyperthermia:** Oligohidrosis (decreased sweating), infrequently resulting in hospitalization, has been reported in association with TOPAMAX® use. Decreased sweating and an elevation in body temperature above normal characterized these cases. Some of the cases were reported after exposure to elevated environmental temperatures. The majority of the reports have been in children. Patients, especially pediatric patients, treated with TOPAMAX® should be monitored closely for evidence of decreased sweating and increased body temperature, especially in hot weather. Caution should be used when TOPAMAX® is prescribed with other drugs that predispose patients to heat-related disorders; these drugs include, but are not limited to, other carbonic anhydrase inhibitors and drugs with anticholinergic activity. **Cognitive/Neuropsychiatric Adverse Events:** Adults: Adverse events most often associated with the use of TOPAMAX® were related to the central nervous system. In adults, the most frequent of these can be classified into three general categories: 1) Cognitive-related dysfunction (e.g., confusion, psychomotor slowing, difficulty with concentration/attention, difficulty with memory, speech or language problems, particularly word-finding difficulties); 2) Psychiatric/behavioral disturbances (e.g., depression or mood problems); and 3) Somnolence or fatigue. *Cognitive-Related Dysfunction:* The majority of cognitive-related adverse events were mild to moderate in severity, and they frequently occurred in isolation. Rapid titration rate and higher initial dose were associated with higher incidences of these events. Many of these events contributed to withdrawal from treatment (see **ADVERSE REACTIONS, Table 1**). In the 6-month migraine prophylaxis controlled trials using a slower titration regimen (25 mg/day weekly increments), the proportion of patients who experienced one or more cognitive-related adverse events was 19% for TOPAMAX® 50 mg/day, 22% for 100 mg/day, 28% for 200 mg/day, and 10% for placebo. These dose-related adverse reactions typically began in the titration phase and often persisted into the maintenance phase, but infrequently began in the maintenance phase. Some patients experienced a recurrence of one or more of these cognitive adverse events and this recurrence was typically in the titration phase. A relatively small proportion of topiramate-treated patients experienced more than one concurrent cognitive adverse event. The most common cognitive adverse events occurring together included difficulty with memory along with difficulty with concentration/attention, difficulty with memory [illegible] language problems, and difficulty with concentration/attention along with language problems. Rarely, topiramate-treated patients experienced three concurrent cognitive events. *Psychiatric/Behavioral Disturbances:* Psychiatric/behavioral disturbances (depression or mood problems) were dose-related in both the epilepsy and migraine populations. In the double blind phases of clinical trials with topiramate in approved and investigational indications, suicide attempts occurred at a rate of 3/1000 patient-years (13 events/3999 patient years) on topiramate versus 0 (0 events 143 patient-years) on comparators. One completed suicide was reported in a bipolar disorder trial in a patient on topiramate. *Somnolence/Fatigue.* Fatigue and somnolence were dose-related and more common in the titration phase.

PRECAUTIONS: *Hyperammonemia and Encephalopathy Associated with Concomitant Valproic Acid Use:* Concomitant administration of topiramate and valproic acid has been associated with hyperammonemia with or without encephalopathy in patients who have tolerated either drug alone. Clinical symptoms of hyperammonemic encephalopathy often include acute alterations in level of consciousness and/or cognitive function with lethargy or vomiting. In most cases, symptoms and signs abated with discontinuation of either drug. This adverse event is not due to a pharmacokinetic interaction. It is not known if topiramate monotherapy is associated with hyperammonemia. Patients with inborn errors of metabolism or reduced hepatic mitochondrial activity may be at an increased risk for hyperammonemia with or without encephalopathy. Although not studied, an interaction between topiramate and valproic acid may exacerbate existing defects or unmask deficiencies in susceptible persons. In patients who develop unexplained lethargy, vomiting, or changes in mental status, hyperammonemic encephalopathy should be considered and an ammonia level should be measured. *Kidney Stones:* As in the general population, the incidence of stone formation among topiramate treated patients was higher in men. Kidney stones have also been reported in pediatric patients. An explanation for the association of TOPAMAX® and kidney stones may lie in the fact that topiramate is a carbonic anhydrase inhibitor. Carbonic anhydrase inhibitors, e.g., acetazolamide or dichlorphenamide, promote stone formation by reducing urinary citrate excretion and by increasing urinary pH. The concomitant use of TOPAMAX® with other carbonic anhydrase inhibitors or potentially in patients on a ketogenic diet may create a physiological environment that increases the risk for kidney stone formation, and should therefore be avoided. Increased fluid intake increases the urinary output, lowering the concentration of substances involved in stone formation. Hydration is recommended to reduce new stone formation. *Paresthesia:* Paresthesia (usually tingling of the extremities), an effect associated with the use of other carbonic anhydrase inhibitors, appears to be a common effect of TOPAMAX®. Paresthesia was more frequently reported in the monotherapy epilepsy trials and migraine prophylaxis trials versus the adjunctive therapy epilepsy trials. In the majority of instances, paresthesia did not lead to treatment discontinuation. *Adjustment of Dose in Renal Failure.* The major route of elimination of unchanged topiramate and its metabolites is via the kidney. Dosage adjustment may be required in patients with reduced renal function (see **DOSAGE AND ADMINISTRATION**). *Decreased Hepatic Function:* In hepatically impaired patients, topiramate should be administered with caution as the clearance of topiramate may be decreased. **Information for Patients:** Patients taking TOPAMAX® should be told to seek immediate medical attention if they experience blurred vision or periorbital pain. Patients, especially pediatric patients, treated with TOPAMAX® should be monitored closely for evidence of decreased sweating and increased body temperature, especially in hot weather. Patients, particularly those with predisposing factors, should be instructed to maintain an adequate fluid intake in order to minimize the risk of renal stone formation [see **PRECAUTIONS:** Kidney Stones, for support regarding hydration as a preventative measure]. Patients should be warned about the potential for somnolence, dizziness, confusion, and difficulty concentrating and advised not to drive or operate machinery until they have gained sufficient experience on topiramate to gauge whether it adversely affects their mental and/or motor performance. Additional food intake may be considered if the patient is losing weight while on the medication. **Laboratory Tests:** Measurement of baseline and periodic serum bicarbonate during topiramate treatment is recommended (see **WARNINGS**). **Drug Interactions:** *In vitro* studies indicate that topiramate does not inhibit enzyme activity for CYP1A2, CYP2A6, CYP2B6, CYP2C8, CYP2C19, CYP2D6, CYP2E1 and CYP3A4/5 isozymes. **Other Drug Interactions: Digoxin:** In a single-dose study, serum digoxin AUC was decreased by 12% with concomitant TOPAMAX® administration. The clinical relevance of this observation has not been established. **CNS Depressants:** Concomitant administration of TOPAMAX® and alcohol or other CNS depressant drugs has not been evaluated in clinical studies. Because of the potential of topiramate to cause CNS depression, as well as other cognitive and/or neuropsychiatric adverse events, topiramate should be used with extreme caution if used in combination with alcohol and other CNS depressants. **Oral Contraceptives:** In a pharmacokinetic interaction study in healthy volunteers with a concomitantly administered combination oral contraceptive product containing 1 mg norethindrone (NET) plus 35 mcg ethinyl estradiol (EE), TOPAMAX® given in the absence of other medications at doses of 50 to 200 mg/day was not associated with statistically significant changes in mean exposure (AUC) to either component of the oral contraceptive. In another study, exposure to EE was statistically significantly decreased at doses of 200, 400, and 800 mg/day (18%, 21%, and 30%, respectively) when given as adjunctive therapy in patients taking valproic acid. In both studies, TOPAMAX® (50 mg/day to 800 mg/day) did not significantly affect exposure to NET. Although there was a dose-dependent decrease in EE exposure for doses between 200-800 mg/day, there was no significant dose dependent change in EE exposure for doses of 50-200 mg/day. The clinical significance of these changes observed is not known. The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX®. Patients taking estrogen containing contraceptives should be asked to report any change in their bleeding patterns. Contraceptive efficacy can be decreased even in the absence of breakthrough bleeding. **Hydrochlorothiazide (HCTZ):** A drug-drug interaction study conducted in healthy volunteers evaluated the steady-state pharmacokinetics of HCTZ (25 mg q24h) and topiramate (96 mg q12h) when administered alone and concomitantly. The results of this study indicate that topiramate C_{max} increased by 27% and AUC increased by 29% when HCTZ was added to topiramate. The clinical significance of this change is unknown. The addition of HCTZ to topiramate therapy may require an adjustment of the topiramate dose. The steady-state pharmacokinetics of HCTZ were not significantly influenced by the concomitant administration of topiramate. Clinical laboratory results indicated decreases in serum potassium after topiramate or HCTZ administration, which were greater when HCTZ and topiramate were administered in combination. **Metformin:** A drug-drug interaction study conducted in healthy volunteers evaluated the steady-state pharmacokinetics of metformin and topiramate in plasma when metformin was given alone and when metformin and topiramate were given simultaneously. The results of this study indicated that metformin mean C_{max} and mean AUC_{0-12h} increased by 18% and 25%, respectively, while mean CL/F decreased 20% when metformin was co-administered with topiramate. Topiramate did not affect metformin t_{max}. The clinical significance of the effect of topiramate on metformin pharmacokinetics is unclear. Oral plasma clearance of topiramate appears to be reduced when administered with metformin. The extent of change in the clearance is unknown. The clinical significance of the effect of metformin on topiramate pharmacokinetics is unclear. When TOPAMAX® is added or withdrawn in patients on metformin therapy, careful attention should be given to the routine monitoring for adequate control of their diabetic disease state. **Pioglitazone:** A drug-drug interaction study conducted in healthy volunteers evaluated the steady-state pharmacokinetics of topiramate and pioglitazone when administered alone and concomitantly. A 15% decrease in the $AUC_{t,ss}$ of pioglitazone with no alteration in $C_{max,ss}$ was observed. This finding was not statistically significant. In addition, a 13% and 16% decrease in $C_{max,ss}$ and $AUC_{\tau,ss}$, respectively, of the active hydroxy metabolite was noted as well as a 60% decrease in $C_{max,ss}$ and $AUC_{\tau,ss}$ of the active keto-metabolite. The clinical significance of these findings is not known. When TOPAMAX® is added to pioglitazone therapy or pioglitazone is added to TOPAMAX® therapy, careful attention should be given to the routine monitoring of patients for adequate control of their diabetic disease state. **Lithium:** Multiple dosing of topiramate 100 mg every 12 hrs decreased the AUC and C_{max} of Lithium (300 mg every 6 hrs) by 20% (N=12, 6 M, 6 F). **Haloperidol:** The pharmacokinetics of a single dose of haloperidol (5 mg) were not affected following multiple dosing of topiramate (100 mg every 12 hr) in 13 healthy adults (6 M, 7 F). **Amitriptyline:** There was a 12% increase in AUC and C_{max} for amitriptyline (25 mg per day) in 18 normal subjects (9 male, 9 female) receiving 200 mg/day of topiramate. Some subjects may experience a large increase in amitriptyline concentration in the presence of topiramate and any adjustments in amitriptyline dose should be made according to the patient's clinical response and not on the basis of plasma levels. **Sumatriptan:** Multiple dosing of topiramate (100 mg every 12 hrs) in 24 healthy volunteers (14 M, 10 F) did not affect the pharmacokinetics of single dose sumatriptan either orally (100 mg) or subcutaneously (6 mg). **Risperidone:** There was a 25% decrease in exposure to risperidone (2 mg single dose) in 12 healthy volunteers (6 M, 6 F) receiving 200 mg/day of topiramate. Therefore, patients receiving risperidone in combination with topiramate should be closely monitored for clinical response. **Propranolol:** Multiple dosing of topiramate (200 mg/day) in

althy volunteers (17 M, 17 F) did not affect [illegible] daily g doses. Propranolol doses of 160 mg/d[illegible] ure to topiramate at a dose of 200 mg/d[illegible] ramate (200 mg/day) in 24 healthy volun[illegible] mg subcutaneous dose of dihydroerg[illegible] ergotamine did not effect the pharmac[illegible] study. **Others:** Concomitant use of TO[illegible] ic anhydrase inhibitors, e.g., acetazolam[illegible] nment that increases the risk of renal st[illegible] **Laboratory Tests Interactions:** There are [illegible] laboratory tests. **Carcinogenesis, Mutagenesis** [illegible] bladder tumors was observed in mice given [illegible] nths. The elevated bladder tumor incidence [illegible] es receiving 300 mg/kg, was primarily due [illegible] considered histomorphologically unique to mice [illegible] g/kg were approximately 0.5 to 1 times steady [illegible] nate monotherapy at the recommended human dose (RHD = 400 mg) and 1.5 to 2 times y-state topiramate exposures in patients receiving 400 mg [illegible] topiramate plus phenytoin. The nce of this finding to human carcinogenic risk is uncertain. No evidence [illegible] in rats following oral administration of topiramate [illegible] up to 120 mg/kg oximately 3 times the RHD on a mg/m² basis). Topiramate did not demonstrate genotoxic tial when tested in a battery of *in vitro* and *in vivo* assays. Topiramate was not mutagenic in the test or the *in vitro* mouse lymphoma assay. It did not increase unscheduled DNA synthesis in patocytes *in vitro*; and it did not increase chromosomal aberrations in human lymphocytes *in* or in rat bone marrow *in vivo*. No adverse effects on male or female fertility were observed in rats es up to 100 mg/kg (2.5 times the RHD on a mg/m² basis). **Pregnancy: Pregnancy Category** piramate has demonstrated selective developmental toxicity, including teratogenicity, in imental animal studies. When oral doses of 20, 100, or 500 mg/kg were administered to ant mice during the period of organogenesis, the incidence of fetal malformations (primarily facial defects) was increased at all doses. The low dose is approximately 0.2 times the mended human dose (RHD=400 mg/day) on a mg/m² basis. Fetal body weights and skeletal cation were reduced at 500 mg/kg in conjunction with decreased maternal body weight gain. In udies (oral doses of 20, 100, and 500 mg/kg or 0.2, 2.5, 30, and 400 mg/kg), the frequency of malformations (ectrodactyly, micromelia, and amelia) was increased among the offspring of treated with 400 mg/kg (10 times the RHD on a mg/m² basis) or greater during the ogenesis period of pregnancy. Embryotoxicity (reduced fetal body weights, increased incidence uctural variations) was observed at doses as low as 20 mg/kg (0.5 times the RHD on a mg/m²). Clinical signs of maternal toxicity were seen at 400 mg/kg and above, and maternal body t gain was reduced during treatment with 100 mg/kg or greater. In rabbit studies (20, 60, and ng/kg or 10, 35, and 120 mg/kg orally during organogenesis), embryo/fetal mortality was ased at 35 mg/kg (2 times the RHD on a mg/m² basis) or greater, and teratogenic effects anity nb and vertebral malformations) were observed at 120 mg/kg (6 times the RHD on a mg/m²). Evidence of maternal toxicity (decreased body weight gain, clinical signs, and/or mortality) been at 35 mg/kg and above. When female rats were treated during the latter part of gestation hroughout lactation (0.2, 4, 20, and 100 mg/kg or 2, 20, and 200 mg/kg), offspring exhibited ased viability and delayed physical development at 200 mg/kg (5 times the RHD on a mg/m²) and reductions in pre- and/or postweaning body weight gain at 2 mg/kg (0.05 times the RHD mg/m² basis) and above. Maternal toxicity (decreased body weight gain, clinical signs) was nt at 100 mg/kg or greater. In a rat embryo/fetal development study with a postnatal component 2.5, 30, or 400 mg/kg during organogenesis, noted above), pups exhibited delayed physical opment at 400 mg/kg (10 times the RHD on a mg/m² basis) and persistent reductions in body t gain at 30 mg/kg (1 times the RHD on a mg/m² basis) and higher. There are no studies using MAX® in pregnant women. TOPAMAX® should be used during pregnancy only if the potential fit outweighs the potential risk to the fetus. In post-marketing experience, cases of hypospadias been reported in male infants exposed in utero to topiramate, with or without other onvulsants; however, a causal relationship with topiramate has not been established. **Labor and very:** In studies of rats where dams were allowed to deliver pups naturally, no drug-related effects estation length or parturition were observed at dosage levels up to 200 mg/kg/day. The effect of MAX® on labor and delivery in humans is unknown. **Nursing Mothers:** Topiramate is excreted e milk of lactating rats. The excretion of topiramate in human milk has not been evaluated in olled studies. Limited observations in patients suggest an extensive secretion of topiramate into st milk. Since many drugs are excreted in human milk, and because the potential for serious rse reactions in nursing infants to TOPAMAX® is unknown, the potential benefit to the mother ld be weighed against the potential risk to the infant when considering recommendations rding nursing. **Pediatric Use:** Topiramate is associated with metabolic acidosis. Chronic ated metabolic acidosis in pediatric patients may cause osteomalacia (rickets) and may reduce th rates. A reduction in growth rate may eventually decrease the maximal height achieved. The t of topiramate on growth and bone-related sequelae has not been systematically investigated **WARNINGS**). Safety and effectiveness in pediatric patients have not been established for the hylaxis treatment of migraine headache. **Geriatric Use:** In clinical trials 3% of patients were over No age related difference in effectiveness or adverse effects was observed. However, clinical es of topiramate did not include sufficient numbers of subjects aged 65 and over to determine ther they respond differently than younger subjects. Dose reduction may be necessary for rly with impaired renal function (creatinine clearance less than 70 mL/min/1.73 m²) due to reduced rance of topiramate (see **CLINICAL PHARMACOLOGY — DOSAGE AND ADMINISTRATION** e full PI). **Race and Gender Effects:** Evaluation of safety in clinical trials has wn no race or gender related effects.

ADVERSE REACTIONS: The data described [illegible] obtained using TOPAMAX® (topiramate) Tablets. Migraine [illegible] randomized, double-blind, ebo-controlled, parallel group migraine [illegible] adverse events with amate were mild or moderate in [illegible] frequently during titration period than during the [illegible] these adverse events orted for patients in the placebo [illegible] ate in any topiramate tment group was at least 2% a[illegible]

Table 1: Incidence of Treatment-E[illegible] Migraine Trials ere Rate Was ≥ 2% in Any T[illegible] Placebo-Treated ents.[a] **Body System**/Adverse [illegible] TOPAMAX® Dosage /day) 50 (N=235) second. 100 [illegible]

Body as a Whole – General orders: Fatigue 11, 14, 15, 1[illegible] 1, 2. Influenza-Symptoms <1, <1, <1, 2. **Peripheral Nervous System orders:** Paresthesia 6, 35, 51 [illegible] 2, 5, 7, 8. Language blems 2, 7, 6, 7; Involuntar[illegible] 2, 1. Speech orders/Related Speech Prob[illegible] **System Disorders:** Nausea 8, 3, 14; Diarrhea 4, 9, 11 [illegible] 5, 3. **Gastro-Intestinal tem Disorders:** Dry Mouth [illegible] 1, 3, 2. **Hearing and tibular Disorders:** Tinnitus [illegible] **Nutritional Disorders:** Weight Decrease , 9, 11; Thirst <1, 2, 2, 1. Mus[illegible] 3, 1. **Neoplasms:** oplasm NOS <1, 2, <1, <[illegible] incidence 5, 8, 7, 10. culty with Memory NOS [illegible] 3, 6, 10. Insomnia 5, 6, 7, 6. Anxiety 3, 4, 5, 6. Mood Problems 2, 3, 6, 5. Depression 4, 3, 4, 6. Nervousness [illegible] 4, 4. Confusion 2, 2, 3, 4. Psychomotor Slowing 1, 3, 2, 4. Libido Decreased 1, 1, 1, 2. Aggravated Depression 1, 1, 2, 2. Agitation 1, 2, 2, 1. Cognitive Problems NOS 1, <1, 2, 2. **Reproductive Disorders, Female:** Menstrual Disorder 2, 3, 2, 2. **Reproductive Disorders, Male:** Ejaculation Premature 0, 3, 0, 0. **Resistance Mechanism Disorders:** Viral Infection 3, 4, 4, 3. Otitis Media 2, 1, 1. **Respiratory System Disorders:** Upper Respiratory Tract Infection 12, 13, 14, 12. Sinusitis 10, 6, 8. Pharyngitis 4, 5, 6, 2. Coughing 2, 2, 4, 3. Bronchitis 2, 3, 3, 3. Dyspnea 2, 1, 3, 2. Rhinitis 1, 2, 2. **Skin and Appendages Disorders:** Pruritis 2, 4, 2, 2. **Special Sense Other, Disorders:** Taste Perversion 1, 15, 8, 12. Taste Loss <1, 1, 1, 2. **Urinary System Disorders:** Urinary Tract Infection 2, 4, 2, 4. Renal Calculus 0, 0, 1, 2. **Vision Disorders:** Vision Abnormal <1, 1, 2, 3. Blurred Vision[b] 2, 4, 2, 4. Conjunctivitis 1, 1, 2, 1.

[a] Values represent the percentage of patients reporting a given adverse event. Patients may have reported more than one adverse event during the study and can be included in more than one adverse event category. [b] Blurred vision was the most common term considered as vision abnormal. Blurred vision was an included term that accounted for > 50 % of events coded as vision abnormal [illegible] preferred term.

Of the 1,135 patients exposed [illegible] rate in the placebo-controlled studies, 25% discontinued due to adverse events, compared [illegible] of the 445 placebo patients. The adverse events associated with discontinuing therapy in the topiramate-treated patients included paresthesia (7%), fatigue (4%), nausea (4%), difficulty with concentration/attention (3%), insomnia (3%), anorexia (2%), and dizziness (2%). Patients treated with topiramate experienced mean percent reductions in body weight that were dose-dependent. This change was not seen in the placebo group. Mean changes of 0%, -2%, -3%, and -4% were seen for the placebo group, topiramate 50, 100, and 200 mg groups, respectively. Table 2 shows adverse events that were dose-dependent. Several central nervous system adverse events, including some that represented cognitive dysfunction, were dose-related. The most common dose-related adverse events were paresthesia, fatigue, nausea, anorexia, dizziness, difficulty with memory, diarrhea, weight decrease, difficulty with concentration/attention, and somnolence.

Table 2: Incidence (%) of Dose-Related Adverse Events From Placebo-Controlled, Migraine Trials[a] Adverse Event followed by Placebo (N=445) first, TOPAMAX® Dosage (mg/day) 50 (N=235) second, 100 (N=386) third, 200 (N=514) fourth. Paresthesia 6, 35, 51, 49; Fatigue 11, 14, 15, 19; Nausea 8, 9, 13, 14; Anorexia 6, 9, 15, 14; Dizziness 10, 8, 9, 12; Weight decrease 1, 6, 9, 11; Difficulty with Memory NOS 2, 7, 7, 11; Diarrhea 4, 9, 11, 11; Difficulty with Concentration/Attention 2, 3, 6, 10; Somnolence 5, 8, 7, 10; Hypoaesthesia 2, 6, 7, 8; Anxiety 3, 4, 5, 6; Depression 4, 3, 4, 6; Mood Problems 2, 3, 6, 5; Dry Mouth 2, 2, 3, 5; Confusion 2, 2, 3, 4; Involuntary Muscle Contractions 1, 2, 2, 4; Abnormal Vision <1, 1, 2, 3; Renal Calculus 0, 0, 1, 2

[a] The incidence rate of the adverse event in the 200 mg/day group was ≥ 2% than the rate in both the placebo group and the 50 mg/day group.

Other Adverse Events Observed During Migraine Clinical Trials: Topiramate, for the treatment of prophylaxis of migraine headache, has been administered to 1,367 patients in all clinical studies (includes double-blind and open-label extension). During these studies, all adverse events were recorded by the clinical investigators using terminology of their own choosing. To provide a meaningful estimate of the proportion of individuals having adverse events, similar types of events were grouped into a smaller number of standardized categories using modified WHOART dictionary terminology. The following additional adverse events that were not described earlier were reported by greater than 1% of the 1,367 topiramate-treated patients in the controlled clinical trials: **Body as a Whole:** Pain, chest pain, allergic reaction. **Central & Peripheral Nervous System Disorders:** Headache, vertigo, tremor, sensory disturbance, migraine aggravated. **Gastrointestinal System Disorders:** Constipation, gastroesophageal reflux, tooth disorder. **Musculoskeletal System Disorders:** Myalgia. **Platelet, Bleeding, and Clotting Disorders:** Epistaxis. **Reproductive Disorders, Female:** Intermenstrual bleeding. **Resistance Mechanism Disorders:** Infection, genital moniliasis. **Respiratory System Disorders:** Pneumonia, asthma. **Skin and Appendages Disorders:** Rash, alopecia. **Vision Disorders:** Abnormal accommodation, eye pain. **Postmarketing and Other Experience:** In addition to the adverse experiences reported during clinical testing of TOPAMAX®, the following adverse experiences have been reported worldwide in patients receiving topiramate post-approval. These adverse experiences have not been listed above and data are insufficient to support an estimate of their incidence or to establish causation. The listing is alphabetized: bullous skin reactions (including erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis), hepatic failure (including fatalities), hepatitis, pancreatitis, pemphigus, and renal tubular acidosis.

DRUG ABUSE AND DEPENDENCE: The abuse and dependence potential of TOPAMAX® has not been evaluated in human studies.

OVERDOSAGE

Overdoses of TOPAMAX® have been reported. Signs and symptoms included convulsions, drowsiness, speech disturbance, blurred vision, diplopia, mentation impaired, lethargy, abnormal coordination, stupor, hypotension, abdominal pain, agitation, dizziness and depression. The clinical consequences were not severe in most cases, but deaths have been reported after poly-drug overdoses involving TOPAMAX®.

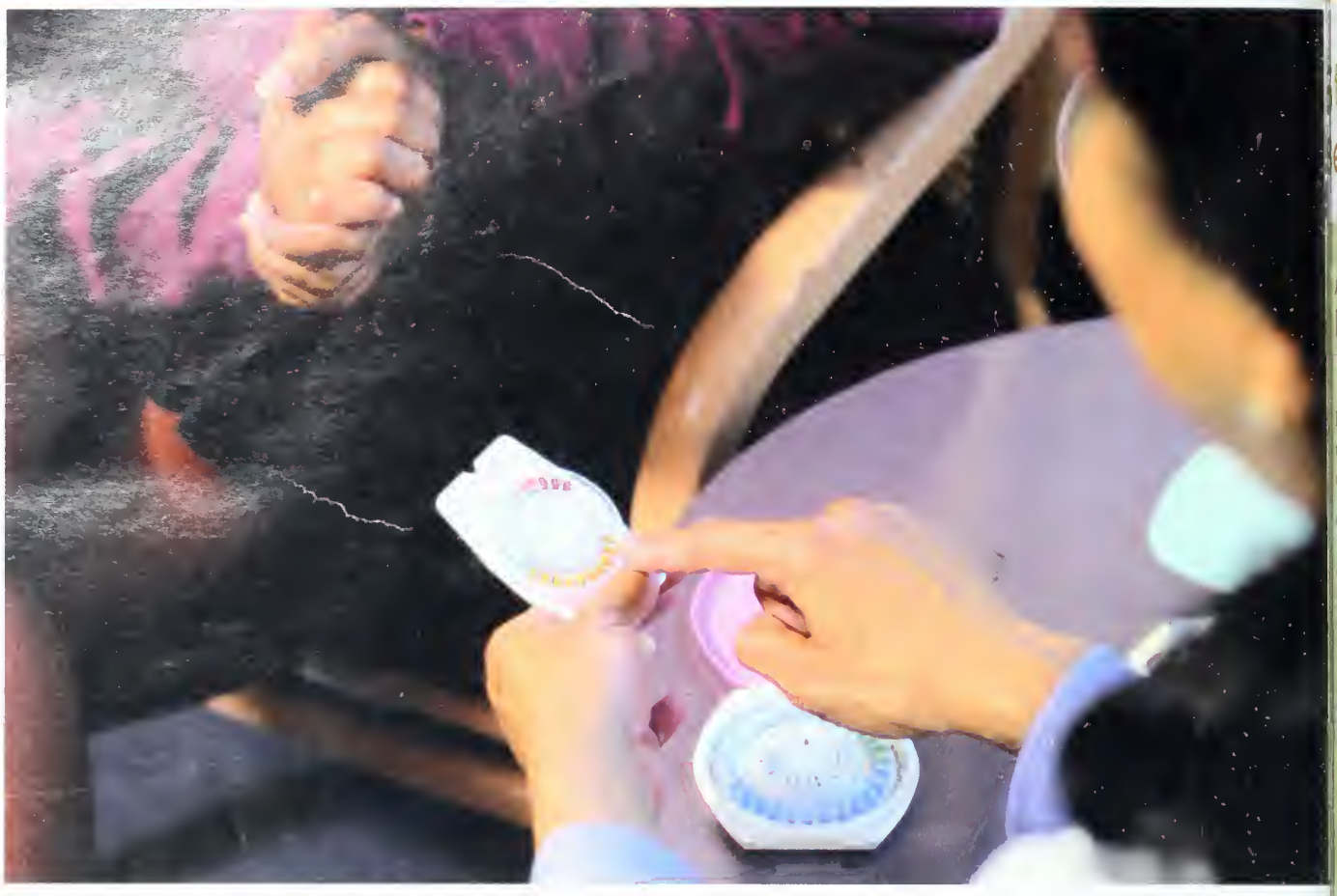
Topiramate overdose has resulted in severe metabolic acidosis (see **WARNINGS**).

A patient who ingested a dose between 96 and 110 g topiramate was admitted to hospital with coma lasting 20-24 hours, followed by full recovery after 3 to 4 days.

In acute TOPAMAX® overdose, if the ingestion is recent, the stomach should be emptied immediately by lavage or by induction of emesis. Activated charcoal has been shown to adsorb topiramate *in vitro*. Treatment should be appropriately supportive. Hemodialysis is an effective means of removing topiramate from the body.

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Hormonal Changes and Migraines

Hormonal changes can also bring on a migraine. Interestingly, the headaches occur at the same rate in young girls and boys. But once girls start menstruating, they're much more likely to suffer than boys. According to the National Headache Foundation, up to 60 percent of migraines in women are related to their menstrual cycle. These headaches may start either two or three days before the onset of bleeding or a few days later and tend to be more severe than non-menstrual headaches.

> **Up to 60%**
> of migraines in women are related to their menstrual cycle

Migraines typically occur when there's a drop in the female hormone estrogen. As a result, some women use an estrogen patch or pills during their period to stabilize hormone levels and prevent attacks. The birth control pill produces mixed results; some women find that their menstrual migraines improve, while others find that the pill triggers migraines.

In some women, pregnancy causes migraines to disappear completely, occur less frequently or become milder, while in others, attacks worsen or stay the same. As a woman approaches menopause, she may experience more migraines because of changing estrogen levels.

Getting the Best Treatment

Making lifestyle changes to help eliminate a migraine and getting the right medical treatment are essential. Research shows that if your migraines go untreated or are inadequately treated, you may experience more frequent attacks.

While some attacks may respond to mild painkillers like acetaminophen, aspirin or ibuprofen, others require prescription drugs designed to treat migraines. Triptans, the first class of migraine-specific medications, are very effective, especially if taken early in headache onset. (The best way to derail an attack is to take medication within 15 minutes of onset—either during an aura, if one is experienced, or at the first sign of pain.) In addition to relieving pain, triptans may also stop symptoms like nausea, vomiting and light sensitivity.

There are seven types of triptans, and they can come in pill form, nasal spray or as an injection. Although an injection is the fastest way to get relief, it has the most side effects. Triptans can cause facial flushing, tingling, drowsiness and dizziness, and you shouldn't take them if you're pregnant or have heart disease

Stopping an Attack Before It Starts

A Migraine-Free Lifestyle

Reducing the frequency of your migraine attacks may be as simple as making a few lifestyle changes.

Consider the following:

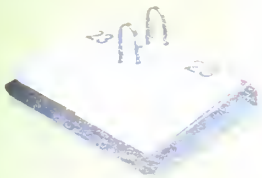
✔ **Identify your triggers.** Write down what you ate, smelled or experienced before your last migraine.

- Did you sleep too little?
- Did you inhale secondhand smoke?
- Did you drink red wine instead of white wine?
- Did you eat food with MSG?
- Did you skip a meal?

Once you've identified your triggers, make an effort to avoid them.

✔ **Reduce stress.** Exercise is a known stress buster, so make time for regular workouts.

✔ **Stick to a regular schedule.** Sleeping too little or too much can lead to disturbances in brain chemicals that trigger migraines. And skipping meals can bring on an attack





Despite treatment, many patients find that their migraine attacks interfere with their daily activities. Studies show that sufferers often worry about when the next attack will occur. As a result, they avoid every possible trigger—noise, secondhand smoke, stress, sunshine—and the headaches begin to dominate their lives. Patients may become angry that the migraines are affecting their quality of life and frustrated that friends and family don't seem to understand their pain. They may also feel tense and anxious.

If that's the case, the best option is to focus on stopping attacks before they start. This involves taking daily prescription medicine, which can significantly cut back on the number of migraines a person has. An added benefit is that patients may worry less about their next attack. About 40 percent of sufferers could benefit from preventive therapy, yet only one in five patients actually use these medications, according to the AMPP study. Two types of blood pressure–lowering medications are used to prevent migraines: propranolol (a beta-blocker) and verapamil (a calcium-channel blocker). Sometimes doctors use antidepressants, such as amitriptyline, and epilepsy drugs like valproate to prevent migraines. More recently, topiramate, a medication used to prevent seizures, has been approved to help prevent migraines. This drug is believed to work by calming overexcited brain cells implicated in migraines.

While migraines can mess with your life, they don't have to. Work with your doctor to come up with a prevention and treatment plan that's best for you.

Healthy Dose™ Volume III
JOINT HEALTH

Have questions for Dr. Sherif?
Send her an e-mail at healthydose@lhj.com

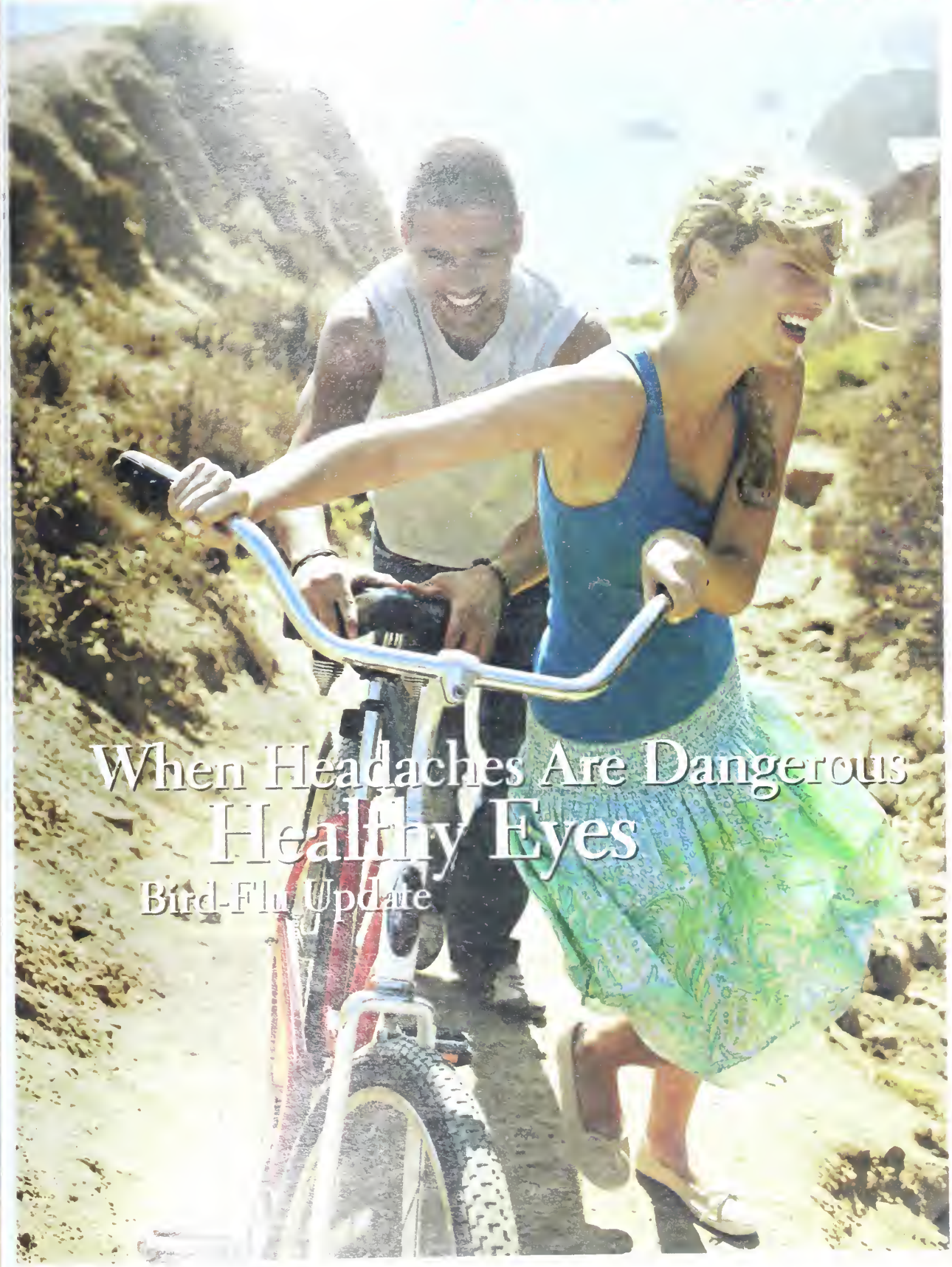
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When Headaches Are Dangerous

Healthy Eyes

Bird-Flu Update

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SHOULD YOU VACCINATE YOUR CHILD AGAINST HPV?



Nearly as this month, the first of two vaccines that might cervical cancer might hit the market—and they could save your daughter's life. Up for FDA approval, the vaccines may be our best weapons against human papillomavirus (HPV), a virus transmitted primarily through sexual activity that currently infects 20 million Americans and leads to almost 10,000 new cases of cervical cancer each year. GlaxoSmithKline's Cervarix is 100 percent effective against strains of HPV that lead to cervical cancer. Gardasil, from Merck, protects not only against cancer but against strains that cause genital warts. Condoms offer little protection against this virus; therefore, health advocates say in order for the new vaccines to work, they must be given to virgins—preferably to girls ages 8 to 13 and possibly to same-age boys who could get warts or spread cancer-causing HPV to female partners. Arguing that the vaccines imply parental approval of early sexual activity, groups including the Family Research Council are concerned about their use in adolescents. But the American Cancer Society and other health groups stress that taking this step could spare children from cancer as adults. *—Molly Ginty*

Are you in favor of kids being vaccinated against HPV? Tell us your thoughts at vaccine@lhj.com.

You can't catch avian flu from eating cooked poultry and eggs

SHOULD YOU BE SCREENED FOR LUNG CANCER?



What does Dana Reeve's tragic death from lung cancer mean for other nonsmokers exposed to secondhand smoke at home or work? Some experts theorized that Reeve, who didn't smoke, might have gotten the illness from breathing in secondhand smoke when she worked in nightclubs as a singer. Should people with similar exposure get chest X-rays?

This is a subject of fierce debate among doctors. Though an estimated 3,000 nonsmokers die each year from lung cancer owing to secondhand smoke exposure, the American Cancer Society does not recommend that nonsmokers—or even current smokers—have regular chest X-rays. Although most cancer tumors are treatable—even potentially curable—when they're found early, by the time a lung tumor is visible on an X-ray it is usually quite far advanced. What's more, imaging tests may detect noncancerous lung abnormalities, false positives that lead to unnecessary psychological stress and tests—even surgery.

However, women survive longer than men and may respond differently than men after receiving therapies for lung cancer, including surgery, chemotherapy and radiation, according to research presented at the first World Congress on Gender-Specific Medicine, held this past February.

Scans of the chest employing a newer technique, computed tomography (CT), can detect more and smaller lung nodules than chest X-rays, many small enough to be curable, according to new data from the International Early Lung Cancer Action Project. Marianne J. Legato, M.D., founder and director of the partnership for Gender-Specific Medicine at Columbia University, in New York City, and *Ladies' Home Journal*'s medical adviser, recommends that spouses and workers with years of exposure to cigarette smoke get a base-line X-ray or CT scan and regular follow-ups, as advised by their doctor.

Bottom line: Both smokers and those exposed to secondhand smoke should discuss X-rays and CT imaging tests with their doctors. Doctors also will likely recommend a test to check out whether cancer is involved in symptoms such as persistent cough, shortness of breath or chest pain. *—Julia Kagan*

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Tums works fast and has the calcium your body needs. You won't get that with Prilosec OTC. It's not even intended for immediate relief and may take 1 to 4 days for full effect*.



*Prilosec OTC is only intended for frequent heartburn

What Every Woman Needs to Know About Stroke

Even your doctor may not be aware that strokes are a major killer of women—and symptoms are easy to miss, or dismiss. Knowing the latest in diagnosis and treatment could literally save your life

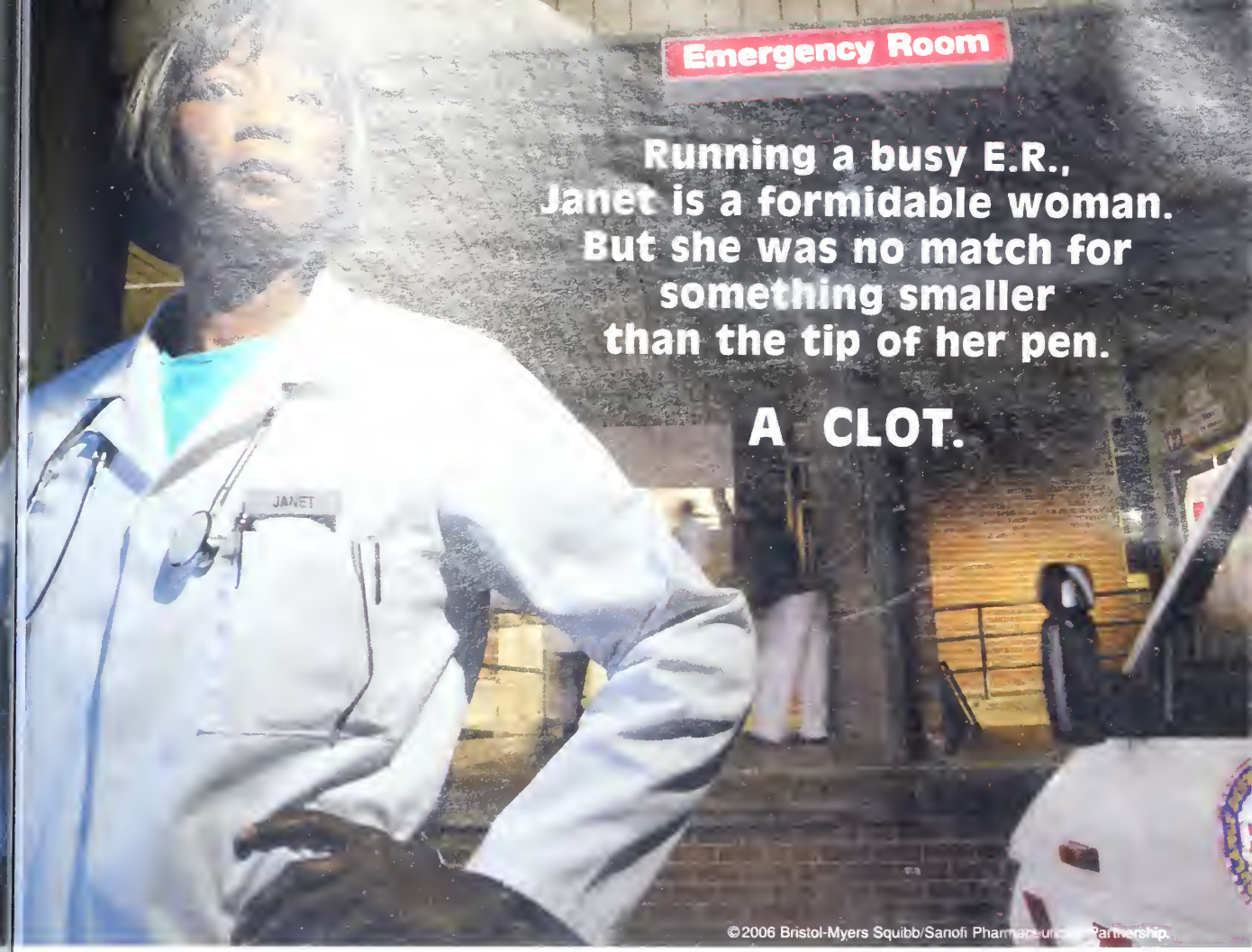


By Leslie Laurence

Carla Namie, an elementary school teacher in Youngwood, Pennsylvania, was spending a hot June day in 2000 tending her garden. Kneeling on an old piece of carpet, she plucked weeds and inspected the perennials, her mind wandering pleasantly as her fingers moved briskly through the dirt. But when she stood up to go to the next flower bed, the yard began spinning around her. Namie, then 53, leaned against the side of the house until the dizzy spell passed, then returned to her gardening. Every time she rose, though, the whirling sensation returned. That night Namie's ears began to ring. Then a holographic tunnel of flashing lights danced across her field of vision. Over the next few days, whenever she went from a seated to a standing position, her body veered involuntarily to the right. The problems finally stopped after about a week.

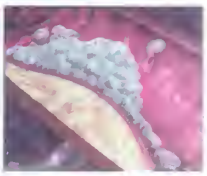
Incredibly, she didn't think about going to the doctor, telling herself she CONTINUED ON PAGE 174

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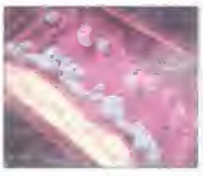


Clots are the number one cause of heart attack and stroke, but you can help reduce your risk.

This is important information if you've been hospitalized with heart-related chest pain or a certain type of heart attack.
That's because these conditions, known as Acute Coronary Syndrome—or ACS—are usually caused when blood platelets stick together and form clots that block blood flow to your heart. And if you've already had a clot, you're at an increased risk for a future heart attack or stroke.



PLAVIX, in combination with aspirin, helps provide greater protection against a future heart attack or stroke than aspirin alone.
PLAVIX, taken with aspirin, plays its own role in helping reduce your risk of heart attack and stroke. That's because, unlike your cholesterol and blood pressure medications, prescription PLAVIX works to help keep blood platelets from sticking together and forming clots.



IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use PLAVIX. When taking PLAVIX alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with PLAVIX. Additional rare but serious side effects could occur.

Talk to your doctor today to learn more about PLAVIX.
Or visit www.plavix.com or call 1-[illegible]-1283

See important pro[illegible] following page

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INDICATIONS AND USAGE

- Recent MI, Recent Stroke or Established Peripheral Arterial Disease
- Acute Coronary Syndrome

CONTRAINDICATIONS

thrombotic thrombocytopenic purpura (TTP)

ADVERSE REACTIONS

PRECAUTIONS

General

ADVERSE REACTIONS

Information for Patients

Drug Interactions

PRECAUTIONS- General

atenolol, nifedipine,

phenobarbital, cimetidine, estrogen

digoxin, theophylline

phenytoin, tamoxifen, tolbutamide, warfarin,

torsemide, fluvastatin, non-steroidal anti-inflammatory agents,

diuretics, beta blocking

agents, angiotensin converting enzyme inhibitors, calcium antagonists, cholesterol

lowering agents, coronary vasodilators, antidiabetic agents (oral agents, insulin),

antiepileptic agents, hormone replacement therapy, heparins, thrombolytic agents,

GPIIb/IIIa antagonists

Drug/Laboratory Test Interactions

Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy

Nursing Mothers

Pediatric Use

Geriatric Use

CLINICAL STUDIES

ADVERSE REACTIONS

ADVERSE REACTIONS

CAPRIE patients experienced major gastrointestinal hemorrhage, occurred [illegible] 3.7% in patients receiving aspirin, the [illegible] respectively. The incidence of intracranial hem[illegible] 0.5% for aspirin

[illegible] associated with an increase in bleeding compared to [illegible] see Table [illegible] was an excess in major bleeding in patients receiv[illegible] plus aspirin compared to placebo plus aspirin, primarily gastrointestinal and [illegible] The incidence of intracranial hemorrhage (0.4%) and fatal bleeding [illegible] same in both groups

[illegible] incidence of bleeding events cited in Table 3 for patients receiving both PLAVIX [illegible] CURE

Table 3: CURE Incidence of bleeding complications (% patients)

[illegible]	PLAVIX + aspirin (n=6259)	Placebo + aspirin (n=6303)	P-value
[illegible]	[illegible]	2.7 §	0.001
[illegible] bleeding	2.2	1.8	0.13
[illegible]	0.2	0.2	
[illegible] globin drop	0.9	0.9	
[illegible] surgical intervention	0.7	0.7	
[illegible] strokes	0.1	0.1	
[illegible] changes	0.5	0.6	
[illegible] in at least 2 units	1.4	1.6	
[illegible] bleeding	1.6	1.0	0.005
[illegible] disabling	0.4	0.3	
[illegible] bleeding with			
significant loss of vision	0.05	0.03	
requiring 2 units of blood	1.3	0.9	
[illegible] baseline*	2.1	1.4	0.001

[illegible] standard therapies were used as appropriate

[illegible] bleeding and other major bleeding

[illegible] event rate for PLAVIX + aspirin was dose dependent on aspirin [illegible] 100 mg = 2.0%, 101-200 mg = 2.5%, >200 mg = 4.9%

[illegible] bleeding event rates for PLAVIX + aspirin by age were: <65 years = 2.2%, ≥65 to [illegible] 75 years = 3.9%, ≥75 years = 5.9%

[illegible] bleeding event rate for placebo + aspirin was dose dependent on aspirin [illegible] 100 mg = 2.0%, 101-200 mg = 2.3%, >200 mg = 4.0%

[illegible] bleeding event rates for placebo + aspirin by age were: <65 years = 1.1%, ≥65 to [illegible] 75 years = 2.7%, ≥75 years = 3.6%

* [illegible] with implant or stoma, ulceration

[illegible] of the patients in the CURE study received heparin (UFH or LMWH) and the [illegible] these patients was similar to the overall results

[illegible] bleeding within seven days after coronary bypass graft surgery [illegible] who stopped therapy more than five days prior to surgery, event rate 4.4% [illegible] + aspirin, placebo + aspirin. In patients who remained on therapy within five [illegible] of surgery, the event rate was 9.6% for PLAVIX + aspirin and 6.3% for [illegible] + aspirin

[illegible] Ticlopidine, a drug chemically similar to PLAVIX, is associated [illegible] rate of severe neutropenia (less than 450 neutrophils/µl). In CAPRIE severe [illegible] was observed in six patients (one on PLAVIX and two on aspirin). Two of the 6599 [illegible] who received PLAVIX and none of the 6586 patients who received aspirin had neu[illegible] (1 in 3299). One of the four PLAVIX patients in CAPRIE was receiving cytotoxic [illegible] therapy, and another recovered and resumed to the trial after only temporarily interrupt[illegible] and with PLAVIX (clopidogrel bisulfate). In CURE, the numbers of patients with throm[illegible] neutropenia (0.04% PLAVIX + aspirin vs. 0.24% placebo + aspirin) or neutropenia (1.1% vs. 1.3%) were similar [illegible] PLAVIX. Thrombocytopenia with PLAVIX (clopidogrel bisulfate) has appeared in the [illegible] (see "Thrombocytopenic purpura (TTP)" in ADVERSE REACTIONS). Thus, appears to be [illegible] possibility should be considered when a patient receiving PLAVIX presents [illegible] symptoms/signs of severe neutropenia/thrombocytopenia, such as fever, [illegible] other signs of infection.

[illegible] Gastrointestinal: Overall, the incidence of gastrointestinal events (e.g., abdominal pain, dyspepsia, gastritis, and constipation) in patients receiving PLAVIX (clopidogrel bisulfate) was [illegible] compared to 9.1% of those receiving aspirin in the CAPRIE trial. In the CURE trial the [illegible] incidence of these gastrointestinal events for patients receiving PLAVIX + aspirin was 11.7% [illegible] compared to 14.5% of those receiving placebo + aspirin.

[illegible] the CAPRIE trial, the incidence of peptic/gastric or duodenal ulcers was 0.7% for PLAVIX (clopidogrel bisulfate) and 1.3% for aspirin. In the CURE trial the incidence of peptic/gastric or duodenal ulcers was 0.4% for PLAVIX + aspirin and 0.3% for placebo + aspirin.

Cases of diarrhea were reported in the CAPRIE trial in 4.5% of patients in the PLAVIX group compared to 3.4% in the aspirin group. However, these were rarely severe (PLAVIX: 0.2% and aspirin: 0.1%). In the CURE trial, the incidence of diarrhea for patients receiving PLAVIX [illegible] were 6.7% compared to 5.2% for those receiving placebo + aspirin.

[illegible] CAPRIE trial, the incidence of patient withdrawing from treatment because of gas[illegible] adverse reactions was 1.3% for PLAVIX and 1.0% for aspirin. In the CURE trial [illegible] percentage of patients withdrawing from treatment because of gastrointestinal adverse [illegible] was 3.5% for PLAVIX + aspirin compared with 0.8% for placebo + aspirin.

Rash and other skin disorders: In the CAPRIE trial, the incidence of skin and appendage disorders in patients receiving PLAVIX were 1.8% vs. 0.9% in aspirin. The crude pooling rate in [illegible] patients was 1.1%, 0.5% in aspirin. In the CURE trial, the incidence of rash or other skin disorders in patients receiving PLAVIX + aspirin was 4.0% compared to 3.2% for those [illegible] placebo + aspirin.

[illegible] CAPRIE trial, the overall incidence of patients withdrawing from treatment because of skin and appendage disorder adverse reactions was 1.1% for PLAVIX and 0.8% for aspirin. In the CURE trial, the incidence of patients withdrawing because of skin and appendage disorders was 0.5% for PLAVIX + aspirin and 0.3% for placebo + aspirin.

[illegible] PLAVIX was associated with 0.5% [illegible] placebo + aspirin.

[illegible] 2% of patients on PLAVIX in the CAPRIE controlled clinical [illegible] showed no significant relationship to PLAVIX. The median duration of therapy [illegible] months, with a maximum of 3 years.

Table 4: Adverse Events Occurring in ≥2.5% of PLAVIX Patients in CAPRIE

Body System Event	% Incidence (% Discontinuation) PLAVIX (n=9599)	Aspirin (n=9586)
[illegible]		
[illegible]		
[illegible]		

Advertisement



Cosmetic Breakthrough

Better than Botox?

"The Stretch-Mark Cream Turned Anti-Wrinkle Phenomenon!™"

In a remarkable turn of events, arguably one of the strangest in the history of cosmetics, [illegible]hen across the country are putting a stretch-mark cream [illegible]ed StriVectin-SD on their face to diminish the [illegible]earance of fine lines, wrinkles and crows' feet. And, if [illegible]sumer sales are any indication of a product's [illegible]tiveness, StriVectin-SD is nothing short of a miracle [illegible]nen (as well as a growing number of "Boomer" men) are [illegible]ng so much StriVectin-SD that finding a tube at your [illegible] cosmetic counter has become just about [illegible]ossible. Has everyone gone mad? Well... not really.

[illegible]entific Breakthrough or Dumb Luck?

[illegible]lthough StriVectin-SD's functional components were [illegible]ady backed by clinical trials documenting their ability to [illegible]ly reduce the appearance of existing stretch marks [illegible]minent because of their depth, length, discoloration, [illegible] texture)... the success of StriVectin-SD as an anti-[illegible]ikle cream was "dumb luck," says Gina Gay, [illegible]kesperson for Klein-Becker, maker of StriVectin-SD.

"When we first handed out samples of the StriVectin [illegible]ula to employees and customers as part of our market [illegible]arch, the sample tubes were simply marked 'topical [illegible]m' with the lot number underneath. As Gay explains, "the samples were passed to friends and family, the [illegible]sage became a little muddled and some people used 'this [illegible]ical cream' as a facial moisturizer. As we began to [illegible]ive feedback from users like [illegible]

"I can't even notice my crows' [illegible] since I [illegible]ething more than America's most [illegible]im. The point was driven [illegible]orting that almost as many people were [illegible]Vectin as an anti-wrinkle [illegible]uce stretch marks."

[illegible]r. Daniel B. Mowrey, [illegible]entific Affairs, says, "[illegible] we didn't have a [illegible] wrinkle-reduction [illegible] the incredibly [illegible]elf — applying StriVectin [illegible] Mowrey adds. "Our [illegible]ven't looked this good.

Dumb Luck Strikes Again!

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo-peptide (called Pal-KTTKS) versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented. "As luck would have it," Dr. Mowrey states, "the anti-wrinkle oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-KTTKS/retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in the appearance of both overall skin tone and unsightly wrinkles for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution worked nearly 1.5 times faster than retinol (in measured parameters), and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-KTTKS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

A smoother, younger complexion, with less irritation and faster results — all without expensive (and painful) peels, implants or injections.

Better than Retinol and Vitamin C, But Is StriVectin-SD Better than Botox™?

Dr. Nathalie Chevreau, PhD, RD, Director of Women's Health at Salt Lake City based Basic Research, exclusive distributor for Klein-Becker, explains. "Leading dermatologists agree that Botox is the preferred treatment for moderate to severe frown lines between the brow. But ever since it was discovered that StriVectin could reduce the appearance of fine lines, wrinkles, and crows' feet — the kind of fine lines, wrinkles and crows' feet that can add 10-15 years to your appearance and which costly medical treatments often leave behind... skin care professionals have been recommending, and using, StriVectin. In fact researchers believe non-invasive alternatives are better because, Dr. Chevreau continues, "topical creams and gels offer gradual, continual results, while the effects of injections, facial peels, and dermabrasions are rougher on the skin and wear off."

In other words, StriVectin-SD helps give you a youthful, healthy glowing complexion faster than retinol, far superior to vitamin C, and without irritation, needles, or surgery. Even better, many dermatologists and plastic surgeons recommend StriVectin in conjunction with cosmetic procedures, including Botox.

So, if you see someone applying an anti-stretch mark cream to their face, don't think they've gone off the deep end... they may be smarter than you think.

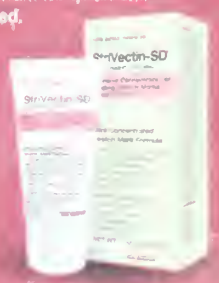
Having a hard time finding StriVectin-SD™?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are macy's, SEPHORA shops, PARISIAN, Lord & Taylor, bloomingdales, or Saks 5th Avenue (they always try to keep it in stock) or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at:

1-800-720-4558

or order online at www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark cream, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle cream, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



Call 1-800-720-4558 or order online at www.StriVectin.com.

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References:
38 "Relevance of [illegible]
79 "Pentapeptide [illegible]

[illegible] World Congress Dermatology, 60 subjects, [illegible] [illegible]264 subjects, 14 weeks.

probably had side effects from having had abruptly stopped hormone therapy. Fortunately, by sheer chance, she had an annual physical two weeks later. When she casually mentioned the episode to her physician, she immediately sent her for an MRI. Though she had no lingering side effects, it revealed scar tissue in her brain. Namie had had a transient ischemic attack (TIA), a mini stroke. While the effects of a TIA subside without permanent harm, having one may mean clogged blood vessels that could lead to a full-fledged stroke. She was stunned by the news. She'd been healthy, didn't smoke and only drank occasionally. She wasn't obese and didn't have high cholesterol, diabetes or hypertension. These are all risk factors (see "How to Reduce Your Risk," page 184).

Today, at 58, Namie has had neither another TIA nor a stroke. She was diagnosed with high blood pressure about a year after the TIA but controls it with medication. (It's likely she'd had earlier blood-pressure surges and that during one her TIA happened. After a first TIA, doctors often monitor blood pressure for 24 to 48 hours to check for too-high readings.) Although Namie has retired, she's busy doing half marathons for the American Stroke Association and spreading the word that stroke is a woman's disease. "A lot of women do exactly what I did," she has learned. "Unless symptoms are debilitating or really severe they write them off."

That's a mistake no one—male or female—can afford to make. Here's why: For optimal recovery from a stroke, you have a frighteningly small, three-hour window to be diagnosed and begin treatment. If you get it, you may be able to walk out almost as if nothing had happened. If you don't, you could be in for major disability at worst and a long recovery period at best. Since it's not always easy to tell a TIA (which causes temporary problems) from a stroke (which can leave permanent damage), you need to respond to them equally fast. And here's the kicker: When you get to the ER, be aware that women—especially younger women—often have the added burden of convincing the staff that their problem really might be a stroke and that they must be tested for one immediately.

The shocking truth is, even many doctors don't believe women get strokes. "Most of us learned in medical school that stroke was a disease primarily of men," says Lewis B. Morgenstern, M.D., director of the Stroke Program at the University of Michigan, in Ann Arbor. That ignorance can be deadly for women. New research, presented at the annual meeting of the International Stroke Conference in late February, revealed prominent gender differences in people's experiences with stroke and how doctors treat them. From symptoms and diagnosis to treatment, rehabilitation and survival, "women fare worse," says David S. Liebeskind, M.D., associate neurology director at the UCLA Stroke Center.

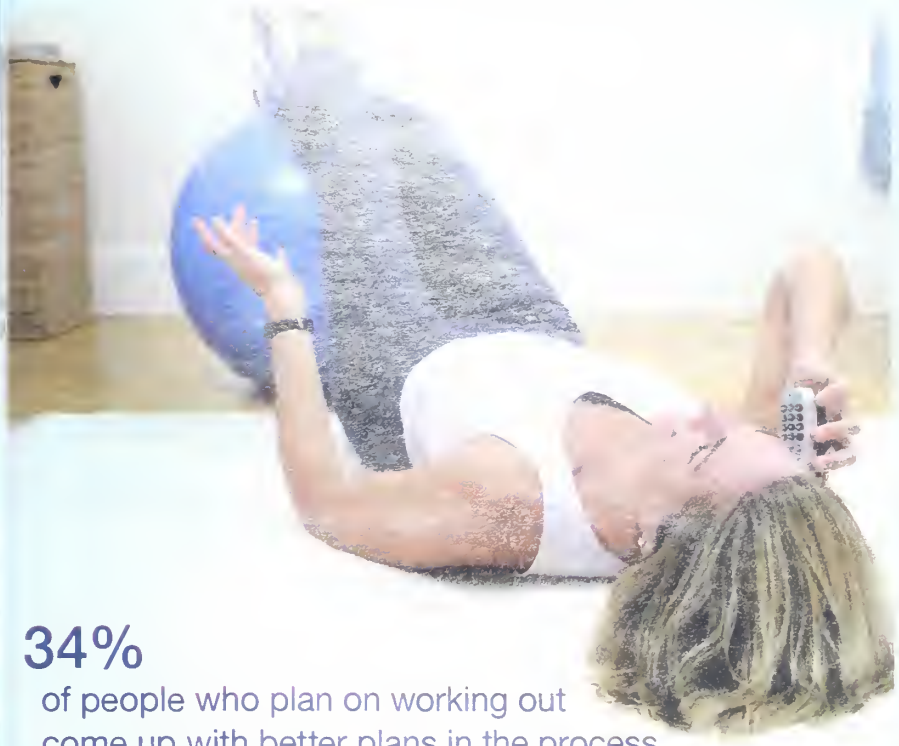
In fact, "stroke is the number three killer of women in this country," says Elizabeth G. Nabel, M.D., director of the National Heart, Lung and Blood Institute at the National Institutes of Health. Women experience more than half the 700,000 strokes and 62 percent of the stroke deaths that occur annually in the United States. Being younger won't necessarily protect you: CONTINUED

The Two Types of Stroke

Both kinds of stroke destroy brain tissue and can produce similar long-term effects, but there are important differences in what causes them—and in the symptoms that tell you the stroke is happening.

ISCHEMIC (80 PERCENT OF STROKES): These occur when blood flow to the brain is blocked by plaque-clogged arteries or by blood clots. If the brain loses blood for even a few minutes, brain cells die. **Symptoms:** Sudden numbness or weakness, especially on one side of the body; difficulty speaking or understanding speech; trouble seeing in one or both eyes; dizziness and a sudden loss of balance; falling in and out of consciousness; chest pain and shortness of breath (these last three less-brain-centered symptoms are more common in women).

HEMORRHAGIC STROKE (20 PERCENT). These brain hemorrhages happen when a blood vessel in the brain bursts, spilling blood into the surrounding tissue. There are various causes of these bursts. The most frequent is the rupture of an aneurysm, a weak spot on the wall of an artery, that happens to be in your brain (aneurysms occur elsewhere in the body, too). "Women are twice as likely as men to have an aneurysm in the brain and are more likely to have multiple aneurysms than men," says Dawn Kleindorfer, M.D., assistant professor of neurology at the University of Cincinnati College of Medicine. Two other causes for bleeding in the brain: hypertension (which can create enough pressure to break an artery wall) and arteriovenous malformation (AVM) in the brain. This is a snarl of defective blood vessels and capillaries whose thin walls are prone to rupture. **Symptoms:** A sudden violent headache, as if cracking a fault line through the brain's delicate architecture. You may also have blurred vision or nausea.



34%
of people who plan on working out
come up with better plans in the process.

Ok, nobody's perfect. Good thing there's a snack that's perfect for you.



New! Quaker® Multigrain Snacks.
60 calories and a cinnamon toasty crunch.
...age with whole grain so your heart will be happy, too.

Get back to goodness. QUAKER

Thirty percent of strokes occur in women under 65, and 10 percent in women under 45. African-Americans under 55 have three to four times greater risk than Caucasians.

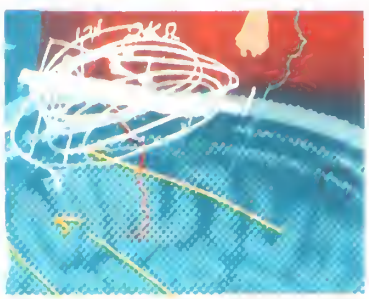
Though TIAs are less common (240,000 a year), and symptoms typically resolve within 24 hours, they're also medical emergencies. The risk for a full fledged stroke following a TIA is as high as 12 percent within the week. Overall, one-quarter of patients die from a TIA or a subsequent stroke within the year.

What happens to you in a stroke depends on where the brain is damaged and which mental and physical functions it controls. Learning which of the two types of strokes you have—ischemic or hemorrhagic—is also key (see "The Two Types of Stroke," page 174). Quick treatment can limit the damage as much as possible.

GETTING HELP—FAST

If you even suspect you might be having a TIA or stroke or believe you're witnessing someone else having one, make sure 911 is called immediately. Tell the dispatcher that, if possible, you want to be transported to a hospital with a stroke center. Ideally it would be a primary stroke center, which meets stringent standards of stroke care set by the Joint Commission on Accreditation of Healthcare Organizations. See "Where to Go for Help," page 179, to see if there's one in your area.)

You have only 3 hours to stop the worst stroke damage



Do not drive to the emergency room yourself. Stroke patients who arrive at the hospital by ambulance "are evaluated sooner by an ER physician, get the necessary testing and are admitted to the hospital or intensive-care unit more frequently than those who arrive by taxi or car," says Yousef Mohammad, M.D., assistant professor of neurology at Ohio State University, in Columbus.

Bring someone prepared to advocate for the patient, especially if the patient is female. In a large observational study of stroke treatment in the E.R., Dr. Morgenstern found that "physicians were more likely to see a man first, then a woman," even if they had the same symptoms. "The absolute numbers were several minutes, but with stroke every minute counts."

Someone pulling for her at the hospital might have spared Leean Hendrix, Miss Arizona in the 1998 Miss America Pageant. On a Saturday in July 2002, when she was only 26, Hendrix's vision suddenly became blurry and her body veered toward the wall when she walked. With great effort she reached the bathroom of her Phoenix apartment, then gasped at the unfamiliar face in the mirror: Her entire right side, from her eye to her once-chiseled jaw, drooped like one of Salvador Dalí's melting clocks. "As soon as I saw that I said, 'Oh my god, I'm having a stroke,'" she recalls. "I don't know how I knew that."

Unfortunately, the emergency room doctors "made a collective decision not to test me for stroke," Hendrix says. "Because I was young, they thought I was on drugs and left me alone on a gurney for six hours." Two days later, an MRI proved she had, indeed, experienced an ischemic stroke that she later learned was caused by a hole in her heart, a congenital condition that can cause stroke. Had she gotten tPA (the only FDA-approved drug for ischemic stroke) in the first three hours, she probably would have walked out of the hospital a day or two later. Instead, she went home after a week, an invalid confined to a wheelchair, unable to feed or bathe herself or use the bathroom unattended, communicating only in baby talk. It took a year for Hendrix to regain the use of her right side. Today she looks normal and is almost fully functional, although not as coordinated or as mentally sharp as she once was.

When you get to the emergency room, here's what you need to fight for—fast:

- **Tests to determine whether you've had a stroke and which type.** Most hospitals start with a CT (computed tomography) scan to determine whether you've had an ischemic or hemorrhagic stroke and if so, how severe it is. Some sophisticated medical centers prefer using an MRI (magnetic resonance imaging); the image shows blood flow and vessels. Either test shows whether the patient would benefit from tPA or for treatment for brain hemorrhage. Making this distinction is crucial: The ischemic remedy tPA increases blood flow, which would worsen a hemorrhagic stroke.

CONTINUED

Your eyes are naturally protected by a layer of tears.

you must use
e drops several times
day to make your eyes
ay comfortably moist, you
ay have Chronic Dry Eye.

If you need over-the-counter eye drops to moisten your eyes, you may have Chronic Dry Eye. It's a medical condition where your eyes don't make enough tears. Artificial tears and other over the counter drops simply can't increase tear production.

Your eye doctor can tell you. Ask your doctor about RESTASIS®. It's the only eye drop that actually helps your eyes increase tear production with continued use.

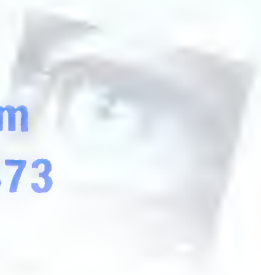
Only an eye doctor can determine whether you have Chronic Dry Eye. That's why you should make an appointment to ask your eye doctor if RESTASIS® Ophthalmic Emulsion is right for you.

RESTASIS®: one drop, twice a day, with continued use, can help you make more of your own tears.

Your own tears.
Who wouldn't want that?



To learn more, go to
www.RESTASIS25.com
or phone 1-866-271-6373
for a free information kit.



Available by prescription only

Restasis®
(Cyclosporine Ophthalmic Emulsion) 0.05%

Increases tear production with continued use

RESTASIS® helps increase your eyes' natural ability to produce tears which may be suppressed by inflammation due to Chronic Dry Eye. Increased tear production was not seen in patients using topical steroid drops or tear duct plugs.

Important Safety Information

RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes infection of the eye. The most common side effect is a burning sensation. Other side effects include redness, discharge, eye pain, foreign body sensation, itching, stinging, and blurred vision.

4960-7

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Please see next page for

Restasis

(Cyclosporine Ophthalmic Emulsion) 0.05%

Sterile Preservative-Free

INDICATIONS AND USAGE

[illegible] production in patients whose [illegible] inflammation associated with keratoconjunctivitis [illegible] patients currently taking [illegible].

CONTRAINDICATIONS

[illegible] and in patients with known or [illegible].

WARNING

[illegible] patients with a history of herpes keratitis.

PRECAUTIONS

Information for Patients:

[illegible] be used immediately after opening for administration [illegible] patients should be discarded immediately after administration [illegible] eye(s) any [illegible] as this may contaminate the [illegible] administration while wearing contact lenses. Patients with [illegible] should not wear contact lenses. If contact lenses are worn, they [illegible] administration of the emulsion. Lenses may be reinserted 15 minutes [illegible] RESTASIS Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:

[illegible] female and male mice and rats in the 78-week oral [illegible] 4 and 5 mg/kg/day, evidence of a statistically significant trend was [illegible] minutes, and the incidence of hepatocellular carcinomas in mid- [illegible] and high dose level.

[illegible] daily, conducted at 5 and 8 mg/kg/day, pancreatic islet cell adenoma [illegible] the rate in the low dose level. The hepatocellular carcinomas and [illegible] were not dose related. The low dose in mice and rats are approximately [illegible] respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is [illegible].

[illegible] mutagenic potential in the Ames Test, the V79-HGPRT Test, the [illegible] Chinese hamsters, the micronucleus aberration tests in Chinese hamster [illegible] and the DNA repair test in sperm from treated mice. A [illegible] (5% Emulsion) by cyclosporine using human lymphocytes [illegible] a positive dose response induction of SCEs.

[illegible] was observed in studies in male and female rats receiving oral doses of [illegible] (5 mg/kg/day approximately 5,000 times the human daily dose of 0.001 [illegible] and female prior to mating.

Pregnancy-Teratogenic Effects:

[illegible]

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryotetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS in pregnant women. RESTASIS should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS Ophthalmic Emulsion, caution should be exercised when RESTASIS is administered to a nursing woman.

Pediatric Use:

The safety and efficacy of RESTASIS Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS

The most common adverse event following the use of RESTASIS was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only Based on package insert 71271US15P revised February 2004

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REFRESH Brand offers a complete line of products to complement your RESTASIS® therapy.

REFRESH TEARS®
Immediate relief plus protection in a special formula that mimics the soothing properties of natural tears.

REFRESH LIQUIGEL®
Combines the long-lasting benefits of a gel with the comfort and convenience of a liquid eye drop.

REFRESH PLUS®
Provides the same fast acting relief as REFRESH TEARS® in a preservative-free formula for sensitive eyes.



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Verispan's Physician Drug & Diagnosis Audit (PDDA), January 2002 - December 2005

REFRESH® Brand: The #1 Doctor Recommended Brand of Artificial Tears.*

WHERE TO GO FOR HELP

FOR BASIC INFORMATION consult the American Stroke Association, [illegible].org, or the National Stroke Association, [illegible]troke.org.

FOR INFORMATION ON RECOVERY, visit the National Rehabilitation Information Center at [illegible]naric.com or the National Aphasia Association, [illegible]asia.org.

TO FIND OUT whether a hospital in your area is a certified primary stroke center, go to www.jcaho.org.

• **Additional tests to pinpoint the source of the stroke or TIA, if needed.** An echocardiogram can detect clots in the heart that could travel to the brain; an ultrasound of the carotid artery in the neck can tell if it's blocked by plaque. A brain angiogram can locate an aneurysm or arteriovenous malformation (AVM).

STATE-OF-THE-ART TREATMENT

Your care depends on how fast you get to the ER and which type of stroke you have.

Ischemic stroke: Break up blood clots. Intravenous tPA within three hours restores blood flow to the brain, preventing further damage, and makes recipients 55 percent more likely to have little or no disability after three months. People treated in the first hour may do better than those who get tPA closer to the cutoff, says Louise McCullough, M.D., director of stroke research and education at the University of Connecticut Health Center, in Farmington.

Treatment with tPA made a big difference to Patricia Pennix, 59, a medical records associate at Harlem Hospital Center, in New York City, who has had two ischemic strokes. The first, which happened during a church choir rehearsal in 2000, ran its course because she [illegible] the hospital too late for the drug. Result: She was wheelchair-bound for six months and out of work for a year but [illegible] regained all motor function. With [illegible] in 2002, she arrived at [illegible] hour, her face badly [illegible] side of her body [illegible] got tPA. "In 24 hours [illegible] were back to normal [illegible]

to the left side of my body," she says. "I was out of work [illegible] one month."

Significantly, tPA is more effective in women, possibly because we have smaller blood vessels compared with same-size-and-weight men, letting clot busters work more efficiently, says Dr. Liebeskind. Researchers are exploring ways to expand the three-hour tPA treatment window, such as combining a low intravenous dose with delivering more drug directly to the clot. New tPA alternatives being tested—including one from vampire-bat saliva—could also buy time. Clinical trials of the Merci Retriever—a corkscrew-shaped wire that is pushed via catheter into the brain and latches onto a clot, enabling the doctor to pull it out—suggest the device may extend the window to eight hours. Two treatments that may be effective for up to 12 hours: oxygen, breathed through a face mask to help its delivery to the brain; and very cold temperatures, applied to the whole body or to the head, to reduce tissue damage.

Hemorrhagic stroke: Stop the bleeding. This is the more fatal stroke because bleeding can cause massive damage. Treatment may include antihypertensive drugs to bring down blood pressure, medication to reduce swelling and pain relievers for the headache that often accompanies this type of stroke. Surgery to drain the fluid and repair blood vessel walls may also be necessary.

In 2000, Sue Pearson Atkinson, an independent TV producer in Sacramento, California, was finishing a documentary on stroke when she began experiencing excruciating headaches. She'd had migraines but this felt different. Two weeks later, with the headaches worsening, she saw her primary care physician, who ordered an MRI. When she arrived home, her husband told her her doctor had called. "You have a brain aneurysm," he said. "You've got to get to the hospital immediately." Atkinson, then 52, drove herself to the ER, praying it wouldn't be her last day. There she learned the aneurysm had been leaking for a few weeks, but her odds were fairly good since it hadn't ruptured.

The traditional surgical treatment is called clipping: The doctor makes an opening in the skull and, using a tiny microscope, places a clip around the base of the aneurysm to stop blood from leaking. Atkinson was a good candidate for a new, less-invasive procedure called coiling because of the shape of her aneurysm: Using an X-ray camera, her surgeon threaded a catheter through an artery in her groin and into her brain, then guided tiny platinum coils into the aneurysm, sealing it from the inside. She was fully functional in two weeks and has had no further trouble.

THE ROAD TO RECOVERY

For people who don't recover as quickly as Atkinson, the first days in the hospital are the beginning of a much CONTINUED ON PAGE 183

OF YOUR DIABETES







Chances are, you or someone you know has diabetes, a condition in which the body is unable to regulate blood sugar. In the U.S., more than **9 million women** suffer from the disease, and a third of them don't know it. In most cases, diabetes doesn't strike until adulthood. This is called Type 2 diabetes, and people who get little exercise and are overweight are at an increased risk. The good news is, it's easier than ever to live with it.

With diabetes, the body is unable to produce or properly use insulin, a hormone needed to convert sugar from food into the energy needed for daily activities. As a result, sugar and fat remain in the blood, causing fatigue, frequent urination, excessive thirst and irritability. The disease can drastically affect your day-to-day life: You may have difficulty concentrating, which can affect your performance at work; and you may suffer from anxiety or depression. Left untreated, diabetes can lead to organ and nerve damage and increase your risk of heart disease, stroke and blindness.

The key to managing diabetes is keeping your blood sugar levels [illegible]. You can do this by eating [illegible], exercising regularly and keeping your weight in check, but you may also need insulin injections.

4 TYPES OF INSULIN

- **RAPID-ACTING:** lasts for 2 to 4 hours
- **SHORT-ACTING:** lasts for 3 to 6 hours
- **INTERMEDIATE-ACTING:** lasts for 12 to 18 hours
- **LONG-ACTING:** lasts for 20 to 24 hours

Studies show that patients who keep their blood sugar levels close to normal may experience fewer diabetes-related complications and lead healthier lives. The sooner you get your blood sugar under control, the better off you'll be.

Work with your doctor to create a treatment plan that's right for you. If you need insulin, tell your doctor how often you exercise and eat, what your diet is like, and which medications and vitamins you take. This will help your doctor determine what type of insulin is best for you and what your dosage should be. Keep in mind, your dosage will likely be adjusted. Soon you'll be on the road to feeling like yourself again.

DEBUNKING MYTHS ABOUT INSULIN

MYTH 1. THE INJECTIONS HURT.
Unlike a vaccination, insulin is injected into the fat just beneath the surface of the skin. This area of your skin has fewer nerves, so the injection shouldn't be very painful. In addition, today's insulin needles are thinner, shorter and they're made with a special coating that makes the injection more comfortable. You may find that giving yourself insulin is less painful than a finger stick. If you're still apprehensive, consider using an insulin pen, which involves injecting insulin with a device that resembles a pen.

MYTH 2. YOU SHOULDN'T USE INSULIN BECAUSE IT CAUSES WEIGHT GAIN.
Several important studies have shown that the benefits of insulin far outweigh the risk of weight gain. In some cases, insulin does not cause weight gain. Treatments are available that are weight neutral. Avoiding insulin can lead to serious complications, such as high blood pressure, eye damage and stroke.

MYTH 3. INSULIN CAN BRING ON OTHER HEALTH PROBLEMS.
You may have heard stories of people who died, went blind or developed other health problems after starting insulin therapy. The truth is, these people may have put off insulin therapy for too long, and their high blood sugar levels led to complications. The good news is, some people with Type 2 diabetes can eventually discontinue their insulin therapy if they lose weight and keep their blood sugar levels in check.



gela Younger,
torcycle enthusiast, Lantus® user since 2003

LANTUS
ONCE-DAILY 24-HOUR INSULIN

Angela was born to be wild. She also takes Lantus as part of her diabetes therapy. Lantus is the only once-daily, 24-hour insulin with no pronounced peak. And it works steadily all day and all night, so Angela is free to head out on the highway.

Ask your doctor about 24-hour Lantus, now available in the OptiClik pen



1-866-4LANTUS www.lantus.com

portant Safety Information

scription Lantus® is for adults with type 2 diabetes or adults and children (6 years and older) h type 1 diabetes who require long-acting insulin for the control of high blood sugar.

NOT DILUTE OR MIX LANTUS® WITH ANY OTHER INSULIN OR SOLUTION. It will not work as ended, and you may lose blood sugar control, which could be serious. Do not change your ulin without talking with your doctor. The syringe must not contain any other medication or idue. You should not use Lantus® if you are allergic to insulin. Lantus® is a long-acting insulin u inject just once a day, at the same time each day.

with any insulin therapy, possible side effects may include blood sugar levels that are too low ypoglycemia); injection site reactions, including changes in fat tissue at the injection site; itching d rash; and allergic reactions. Other side effects may occur. Tell your doctor about all er medicines and supplements you take or plan to take because they can change the way insulin works.

tiClik® is a reusable insulin delivery device (pen) for use h a 3-mL Lantus® cartridge.

e additional important safety information on the next page.

sanofi aventis

your doctor how Lantus® can help you. ... and mealtime insulin.

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sanofi-aventis U.S. LLC

LANTUS®
insulin glargine [rDNA origin] injection

Rx Only

LANTUS®
(insulin glargine [rDNA origin] injection)

LANTUS® must NOT be diluted or mixed with any other insulin or solution.

INDICATIONS AND USAGE

CONTRAINDICATIONS

WARNINGS

Hypoglycemia is the most common adverse effect of insulin, including LANTUS. **As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes.**

Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (recombinant DNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetes treatment may need to be adjusted.

PRECAUTIONS

General

LANTUS must NOT be diluted or mixed with any other insulin or solution. If LANTUS is diluted or mixed, the solution

Hypoglycemia

Renal Impairment:

Hepatic Impairment

Injection Site and Allergic Reactions:

Intercurrent Conditions

Information for Patients:

Patients must be advised that LANTUS must NOT be diluted or mixed with any other insulin or solution (see PRECAUTIONS, General).

Drug Interactions:

Carcinogenesis, Mutagenesis, Impairment of Fertility

was observed. Consequently, a reduction of the rearing rate occurred in the high-dose group only. Similar effects we observed with NPH human insulin.

Pregnancy:

Teratogenic Effects: Pregnancy Category C. Subcutaneous reproduction and teratology studies have been performe with insulin glargine and regular human insulin in rats and Himalayan rabbits. The drug was given to female rats befo mating, during mating, and throughout pregnancy at doses up to 0.36 mg/kg/day, which is approximately 7 times th recommended human subcutaneous starting dose of 10 IU (0.008 mg/kg/day), based on mg/m². In rabbits, doses 0.072 mg/kg/day, which is approximately 2 times the recommended human subcutaneous starting dose of 10 , 0.008 mg/kg/day, based on mg/m², were administered during organogenesis. The effects of insulin glargine did n generally differ from those observed with regular human insulin in rats or rabbits. However, in rabbits, five fetuses fro two litters of the high-dose group exhibited dilation of the cerebral ventricles. Fertility and early embryonic developme appeared normal.

There are no well-controlled clinical studies of the use of insulin glargine in pregnant women. It is essential for patien with diabetes or a history of gestational diabetes to maintain good metabolic control before conception and throughou pregnancy. Insulin requirements may decrease during the first trimester, generally increase during the second and thi trimesters, and rapidly decline after delivery. Careful monitoring of glucose control is essential in such patients. Becau animal reproduction studies are not always predictive of human response, this drug should be used during pregnanc only if clearly needed.

Nursing Mothers:

It is unknown whether insulin glargine is excreted in significant amounts in human milk. Many drugs, including humal insulin, are excreted in human milk. For this reason, caution should be exercised when LANTUS is administered to a nursing woman. Lactating women may require adjustments in insulin dose and diet.

Pediatric Use:

Safety and effectiveness of LANTUS have been established in the age group 6 to 15 years with type 1 diabetes.

Geriatric Use:

In controlled clinical studies comparing insulin glargine to NPH human insulin, 593 of 3890 patients with type 1 an type 2 diabetes were 65 years and older. The only difference in safety or effectiveness in this subpopulation compare to the entire study population was an expected higher incidence of cardiovascular events in both insulin glargine an NPH human insulin-treated patients.

In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative t avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly (see PRECAUTIONS, Hypoglycemia

ADVERSE REACTIONS

The adverse events commonly associated with LANTUS include the following:

Body as a whole: allergic reactions (see PRECAUTIONS).

Skin and appendages: injection site reaction, lipodystrophy, pruritus, rash (see PRECAUTIONS).

Other: hypoglycemia (see WARNINGS and PRECAUTIONS).

In clinical studies in adult patients, there was a higher incidence of treatment-emergent injection site pain in LANTUS treated patients (2.7%) compared to NPH insulin-treated patients (0.7%). The reports of pain at the injection site wer usually mild and did not result in discontinuation of therapy. Other treatment-emergent injection site reactions occurre at similar incidences with both insulin glargine and NPH human insulin.

Retinopathy was evaluated in the clinical studies by means of retinal adverse events reported and fundus photography. The numbers of retinal adverse events reported for LANTUS and NPH treatment groups were similar for patients wit type 1 and type 2 diabetes. Progression of retinopathy was investigated by fundus photography using a grading protocc derived from the Early Treatment Diabetic Retinopathy Study (ETDRS). In one clinical study involving patients wit type 2 diabetes, a difference in the number of subjects with ≥3-step progression in ETDRS scale over a 6-month perio was noted by fundus photography (7.5% in LANTUS group versus 2.7% in NPH treated group). The overall relevance o this isolated finding cannot be determined due to the small number of patients involved, the short follow-up period and the fact that this finding was not observed in other clinical studies.

OVERDOSAGE

An excess of insulin relative to food intake, energy expenditure, or both may lead to severe and sometimes long-term and life-threatening hypoglycemia. Mild episodes of hypoglycemia can usually be treated with oral carbohydrates. Adjustments in drug dosage, meal patterns, or exercise may be needed.

More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneou glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid reoccurrence of hypoglycemia.

DOSAGE AND ADMINISTRATION

LANTUS is a recombinant human insulin analog. Its potency is approximately the same as human insulin. It exhibits a relatively constant glucose-lowering profile over 24 hours that permits once-daily dosing.

LANTUS may be administered at any time during the day. LANTUS should be administered subcutaneously once a day a the same time every day. For patients adjusting timing of dosing with LANTUS, see **WARNINGS** and **PRECAUTIONS**, **Hypoglycemia**. LANTUS is not intended for intravenous administration; see PRECAUTIONS. Intravenous administration o the usual subcutaneous dose could result in severe hypoglycemia. The desired blood glucose levels as well as the doses and timing of antidiabetes medications must be determined individually. Blood glucose monitoring is recommended for all patients with diabetes. The prolonged duration of activity of LANTUS is dependent on injection into subcutaneous space. As with all insulins, injection sites within an injection area (abdomen, thigh, or deltoid) must be rotated from one injection to the next.

In clinical studies, there was no relevant difference in insulin glargine absorption after abdominal, deltoid, or thigh subcutaneous administration. As for all insulins, the rate of absorption, and consequently the onset and duration o action, may be affected by exercise and other variables.

LANTUS is not the insulin of choice for the treatment of diabetes ketoacidosis. Intravenous short-acting insulin is the preferred treatment.

Pediatric Use:

LANTUS can be safely administered to pediatric patients ≥6 years of age. Administration to pediatric patients < 6 years has not been studied. Based on the results of a study in pediatric patients, the dose recommendation for changeover to LANTUS is the same as described for adults in DOSAGE AND ADMINISTRATION, Changeover to LANTUS.

Initiation of LANTUS Therapy:

In a clinical study with insulin naive patients with type 2 diabetes already treated with oral antidiabetes drugs, LANTUS was started at an average dose of 10 IU once daily, and subsequently adjusted according to the patient's need to a total daily dose ranging from 2 to 100 IU.

Changeover to LANTUS:

If changing from a treatment regimen with an intermediate- or long-acting insulin to a regimen with LANTUS, the amount and timing of short-acting insulin or fast-acting insulin analog or the dose of any oral antidiabetes drug may need to be adjusted. In clinical studies, when patients were transferred from once-daily NPH human insulin or ultralente human insulin to once-daily LANTUS, the initial dose was usually not changed. However, when patients were transferred from twice-daily NPH human insulin to LANTUS once daily, to reduce the risk of hypoglycemia, the initial dose (IU) was usually reduced by approximately 20% (compared to total daily IU of NPH human insulin) and then adjusted based on patient response (see PRECAUTIONS, Hypoglycemia).

A program of close metabolic monitoring under medical supervision is recommended during transfer and in the initial weeks thereafter. The amount and timing of short-acting insulin or fast-acting insulin analog may need to be adjusted. This is particularly true for patients with acquired antibodies to human insulin needing high-insulin doses and occurs with all insulin analogs. Dose adjustment of LANTUS and other insulins or oral antidiabetes drugs may be required, for example, if the patient's timing of dosing, weight or lifestyle changes, or other circumstances arise that increase susceptibility to hypoglycemia or hyperglycemia (see PRECAUTIONS, Hypoglycemia).

The dose may also have to be adjusted during intercurrent illness (see PRECAUTIONS, Intercurrent Conditions).

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D-65926 Frankfurt am Main
Frankfurt, Germany

Manufactured for
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Kansas City, MO 64137, USA
a member of the sanofi aventis Group, Bridgewater, NJ 08807

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LAN-NOV05a-B-Aa

longer process of treating the [illegible] regardless of which kind of stroke [illegible] have had. After her first stroke, Penny couldn't walk, talk, write or read. Paralysis on one side of the body is common. Up to 40 percent of people become depressed, and up to 38 percent get aphasia, difficulty speaking or understanding words. Also common: feelings of frustration or anger and problems with short-term memory, new tasks or complex mental activities such as planning an outing.

Rehab usually begins in the hospital within 24 to 48 hours after the stroke. The neurologist will recommend an outpatient or inpatient program, which may involve physical therapy for impaired limbs; occupational therapy to relearn motor skills, such as job tasks and housework; and speech therapy for language and comprehension.

The good news: Recent advancements are enabling disabled stroke patients to make remarkable comebacks. "Previously physicians thought the game was over after only a few months," says Stephen Page, Ph.D., director of research in physical medicine and rehabilitation at the University of Cincinnati College of Medicine. "Now we're seeing patients who could barely move their wrist and fingers use a computer keyboard or play the piano, and we're seeing these changes as late as 20 years post stroke."

One new approach, modified constraint-induced therapy, [illegible] patients wear a sling on their functioning arm, forcing them to use the affected side. [illegible] MRIs, we actually see growth of the brain assuming [illegible] from the old," says Dr. [illegible]

Orthopedic surgeons [illegible] severe foot, ankle or [illegible] mities due to stroke. [illegible]

[illegible], M.D., chief of neuro orthopedics at the University of Pennsylvania, in Philadelphia, can reposition a tendon so the muscle performs in a useful way again. "If you have a crooked clubfoot, I can get your foot straight and have you walking without a brace," she says. "Then you've got something to work with in physical therapy."

The post stroke arsenal can include magnetic stimulation for motor function and speech; intense language training (three hours a day for 10 days, instead of the usual two hours a week for a year); or drugs such as dopamine agonists and amphetamines for attention span, learning and memory. The Alzheimer's drug donepezil is also used, but questions about deaths in Alzheimer's patients suggest caution. Some cognitive problems are not easily fixed. Stroke patients have twice the risk of dementia as others their age.

Still, there's more hope than ever. "We're now pretty well convinced that [illegible] normal brain can grow new connections from existing cells," says John Marler, M.D., associate director for clinical trials at the National Institute of Neurological Disorders and Stroke, in Bethesda, Maryland. "Are there drugs or therapies that can increase the brain's ability to rewire itself? Can the brain regrow new cells the way your skin does when you cut yourself?"

Patricia Pennix is doing all she can to protect her precious gray matter. She takes drugs for blood pressure, cholesterol and diabetes, eats a healthy diet and walks as much as possible. "I'm 100 percent now," she says proudly, clicking briskly down the street in her three-inch Ferragamos, size 9.5, triple A, thank you very much. CONTINUED

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HOW TO REDUCE YOUR RISK

Someone with one or more risk factors on the list below should ask her doctor for a new blood test called PLAC, the first approved by the FDA to predict a person's risk of ischemic stroke. (The best predictor for hemorrhagic stroke is the aneurysm test described below.) The patient would also benefit from knowing in advance which local medical center is best equipped for stroke emergencies.

RED-FLAG MEDICAL CONDITIONS

• **ATRIAL FIBRILLATION (AF),** an irregular heartbeat, makes blood pool in the heart's upper chambers, precipitating clots. AF is associated with about 80,000 strokes annually and increases a person's stroke risk three to five times. If you're experiencing heart palpitations or lightheadedness, check for AF with an electrocardiogram. **Lower your risk:** Take an anticoagulant such as warfarin, which lowers stroke risk for someone with AF from about one in 20 per year to one in 70, or aspirin, which cuts it to one in 40 per year.

• **HYPERTENSION**, a blood pressure reading of 140/90 or higher, puts stress on vessel walls, increasing stroke risk four- to sixfold. "Don't blow off high blood pressure readings that only occur in the doctor's office as a white-coat effect," warns Marianne J. Legato, M.D., of the Partnership for Gender-Specific Medicine at Columbia University, in New York City. "While your true incidence of fixed hypertension may be low, the fact is that the doctor's office isn't the only challenge you face. An argument with your husband or getting a bill you didn't expect also can set blood pressure soaring." **Lower your risk:** Drop your systolic level (the top number) by 10 points to cut your stroke risk by one-third. Drugs include diuretics, beta-blockers or calcium channel blockers.

• **HIGH CHOLESTEROL**—an LDL (bad) reading above 100 and an HDL (good) under 40—can cause plaque buildup in the arteries. **Lower your risk:** Statin drugs drop LDLs by up to 60 percent and raise HDLs by 5 to 15 percent. They may cut overall stroke risk by one-third.

• **OBESITY.** A combined waist circumference of 35.2 inches or more and a triglyceride level of at least 126 mg per deciliter can increase risk of cardiovascular events (including stroke) fivefold. **Lower your risk:** Regular aerobic exercise drops stroke risk by up to 27 percent.

• **DIABETES** increases stroke risk sixfold and causes higher rates of stroke-related dementia and death. **Lower your risk:** Diet modification, exercise and weight control are crucial. Other options: insulin in pills or the new inhaled form, or shots.

• **MIGRAINES**, which affect more women than men, are associated with a higher risk of stroke when accompanied by optical symptoms, or aura—spots, lines, flashes of light or temporary blindness. **Lower your risk:** Women who have migraines with auras and smoke, or who use oral contraceptives, have three or more times the stroke risk.

• **ANEURYSMS**, bulges in artery walls that fill with blood and can burst, cause 30,000 hemorrhagic strokes a year. Hypertension, smoking and head injury may trigger a rupture needing surgery to clip it or a coil procedure to seal it. **Lower your risk:** Women over 35 who smoke (especially those with high blood pressure), who have two or more siblings with aneurysms or arteriovenous malformation should get a magnetic resonance angiogram (MRA), which can show even tiny aneurysms. Larger ones may require treatment. Close relatives need an MRA, too.

OTHER FACTORS

• **CHILDBIRTH.** The day or two prior to delivery through the first six weeks postpartum are times of greater vulnerability. Overall risk is low, but pregnant women over 35 who smoke have two times the risk. Those with preeclampsia have a sixfold increased risk.

• **BIRTH-CONTROL PILLS/PATCH.** Low-dose pills (less than 50 micrograms of estrogen) double a woman's risk; higher-strength pills can triple it. A recent study found that the patch makes some women more prone to blood clots. Smokers have an even higher risk.

• **POSTMENOPAUSAL HORMONES.** Combined estrogen and progestin pills increase stroke risk by 29 percent. The transdermal estrogen patch may also present a risk.

• **DIET.** Red and processed meats, refined grains and desserts may increase ischemic stroke. **Lower your risk:** Consume plenty of whole-grain foods, vegetables, fish and omega-3 polyunsaturated fatty acids, which appear to protect against stroke.

• **ALCOHOL AND TOBACCO.** Smoking raises stroke risk two to three times. **Lower your risk:** Quit smoking and watch your alcohol. More than two drinks a day increases a woman's risk by 50 percent, but one to two drinks a day can lower it by 40 to 50 percent.



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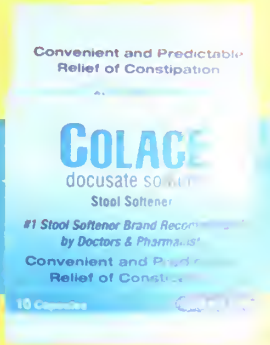
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What's Your Eye-Q?

Too many people don't give their eye health a second thought until something goes wrong. Yet many vision problems can be prevented with simple lifestyle changes

By Gwen Kinkead

Unless they wear glasses or already have an eye ailment, very few people proactively think about how to maintain their eye health. Taking care is especially key for women, who are more likely than men to suffer from cataracts, macular degeneration and glaucoma. Many of the most effective vision-preserving strategies are simple lifestyle changes, among them wearing the right sunglasses (which helps prevent cataracts) and not smoking. "We can go a long way toward CONTINUED

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changing the statistics by changing people's habits," says Ilene Gipson, Ph.D., professor of ophthalmology at Harvard Medical School, in Cambridge, Massachusetts. She chairs the Women's Eye Health Task Force, in Boston, a five-year-old organization formed when researchers at the Schepens Eye Institute at Harvard Medical School discovered that women were substantially more subject to eye problems than men. Two-thirds of the world's blind or visually impaired are women; we are twice as likely to get macular degeneration, two to three times more likely to suffer from dry eye and get more autoimmune diseases, which can affect the eyes.

While you may not be able to avoid an autoimmune disease, you can do a great deal to avoid or ameliorate other problems. The years between 20 and 50 are key for protecting your eyes. To test your "eye-Q" and learn what works best, answer the following questions:

While a vegetable-rich diet and regular exercise are good for you, they won't affect your eye health.

A. True **B. False**

B. FALSE. Evidence suggests that eating right promotes eye health.

Be sure your diet includes plenty of red, orange, yellow and green vegetables and fruits, such as cantaloupe, spinach, bok choy, sweet potatoes, broccoli, kale, bell peppers, mangoes and papayas. And yes, carrots. All are rich in antioxidants, such as vitamins A (beta-carotene) and C. One study found that eating spinach lowers the chance of developing macular degeneration. Vitamin E, another antioxidant, is important, too, so include nuts and wheat germ in your diet.

While you're at the gym, you're probably thinking about your waistline or your heart. But you're also giving your eyes a healthy workout. Exercise wards off obesity, thereby reducing the chance of getting diabetes, which can cause eye problems, and it helps you smoke. It lowers the risk of cataracts and macular degeneration.

DRY, BURNING EYES ARE THE RESULT OF EYESTRAIN.

A. True **B. False**

B. FALSE. Dry eye syndrome is an uncomfortable chronic condition that affects 3.2 million American women over 50, two to three times as many as men, according to the Women's Eye Health Task Force. Millions more sometimes have dry eye from not blinking often enough while using the computer, for example. Your doctor has a simple "paper test" to measure each eye's tear production.

Tears keep eyes moist and wash away particles that could scar the cornea. They also wash away dust and bacteria and provide a cushion between the eyelid and the cornea. They're not just water. Tears have three layers: fatty oils, water and salt, and mucus. Via tears, the delicate surface of the eye receives oxygen and nutrients.

Standard remedies: prescription or over-the-counter artificial teardrops and nighttime gels or—for severe cases—blocking the eye's tear drainage channels with removable silicone plugs. There's still no cure, but some helpful new treatments include:

- A prescription eyedrop formula containing cyclosporine demonstrated an increase in natural-tear production in 15 percent of test subjects. Called Restasis, it fights the inflammation (in the tear ducts and on the surface of the eye) recently found to be at the root of ordinary dry eye. Over time the drops also increase the body's tear production. "This is the only pharmacologic therapeutic treatment there's ever been for dry eye," says Janine Smith, M.D., deputy clinical director at the National Eye Institute, in Bethesda, Maryland, one of the National Institutes of Health. But it causes burning eyes in one of five users.
- Omega-3 fatty acids (found in salmon, tofu, and walnuts) may help control dry eye. One study suggests eating a diet high in omega-3 but low in omega-6 fatty acids (found in flaxseed oil, eggs and whole-grain breads); another found omega-3 supplements helpful.

CONTINUED ON PAGE 192



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Sometimes I see a little hazy [illegible] wiggly shapes [illegible] I'm looking at a white page. Is this a [illegible] condition?

A. Yes B. No

A. NO. These are fragments of the jelly-like vitreous humor that line the inner eye that have degraded and begun to cast a shadow on the retina. Floaters are an inescapable part of the [illegible] usually nothing to [illegible] your ophthalmologist how-[illegible] Pulsating flickers of light or sparkling halos or rainbows around light [illegible] headache, redness or changes in [illegible] in one or both eyes or eye pain," advises [illegible] Yelvington, MD, ophthalmolo-[illegible] and reconstructive surgeon at Wills Eye Hospital Surgery Center in Cherry Hill, New Jersey. These could be signs of actual detachment of the gel that could lead to retinal tears or detachment. Peripheral flashes of light resembling iridescent zigzags are generally auras [illegible] migraines and usually go away in minutes. But ask your ophthalmologist just in case.

DO THOSE "EYE VITAMINS" I SEE ADVERTISED DO ANY GOOD?

A. Yes B. No

A. YES—but only in some cases. Several years ago, a big National Eye Institute study reported that large doses of beta-carotene, vitamins C and E, and zinc slowed the progression of advanced age-related macular degeneration by 25 percent. This led to an explosion of "eye vitamins" loaded with antioxidants and/or carotenoids, such as lutein, anthocyanin or zeaxanthin. The truth is, the study never showed that taking vitamins either cures or prevents macular degeneration. Vitamins also had no effect on the development of cataracts and did zip for healthy people.

The only time to use vitamins is if you have mid- or late-stage macular degeneration. (If this is the case, ask your doctor to recommend a vitamin with the formula used in the National Eye Institute study.)

One reason to avoid eye vitamins: High doses of vitamins A and E can accumulate in the body and become toxic; high doses of vitamin A can also cause birth defects and, in smokers, increase the risk of lung cancer. Be similarly cautious about claims that lutein supplements promote eye health and protect eyes against damage from long exposure to sunlight, a contributor to cataracts and macular degeneration. No study proves this; a National Eye Institute–funded assessment is under way.

The Big 3 That Can Cost You Your Sight

MACULAR DEGENERATION, one of the most common causes of vision impairment in the United States (1.75 million have it), destroys the center of the retina. It wipes out central vision like a hole in a doughnut and gradually makes driving, reading and close work impossible (peripheral vision isn't affected). Its basic cause is unknown, but there may be a genetic component and it is more common in people with light-colored eyes and smokers. Lifetime risk for women is 6 percent. There is no cure but much excitement about new injectable drugs, including Macugen, which slows vision loss, and Lucentis (awaiting FDA approval), said to restore vision in two types of degeneration.

GLAUCOMA, which affects about 2 percent of people over 62 in the United States—is the second most common cause of vision loss and can affect people of all ages, though older people are at higher risk. It is now considered a cluster of diseases that damage the optic nerve and cause limited peripheral vision and, if not treated, blindness. Most glaucoma is caused by a buildup of pressure within the eye, but more women than men develop an insidious form called normal pressure glaucoma. That's why a checkup needs to measure eye pressure as well as examine the optic nerve. Doctors often miss it, says James Tsai, M.D., director of the Glaucoma Division at the Columbia University Medical Center. Caught early, it need not cause blindness. Eyedrops, laser treatments and surgery keep glaucoma in check in most cases.

CATARACTS, a clouding of the lens that interferes with vision, affect women more than men because we live longer. Aging, ultraviolet light and smoking all contribute. Fortunately, 20 to 30 minutes in surgery restores sight to 95 percent of patients.

CONTINUED



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AS LONG AS SUNGLASSES HAVE THAT "UV PROTECTION" TAG, IT DOESN'T MATTER WHAT COLOR THEY ARE. A. True B. False.

A. Long-term exposure to ultraviolet rays harms the lens of the eyes and raises your chance of getting cataracts. "The blue light spectrum in sunlight is particularly dangerous," says Janet Sparrow, Ph.D., professor of ophthalmology at Columbia University, in New York City, because it excites specific pigments in the retinal cells to create free radicals, unstable oxygen molecules that may precipitate macular degeneration. Therefore, avoid sunglasses that have blue-tinted lenses, which don't filter out any blue light. Instead, opt for glasses that have yellow or amber tints, the colors that are most effective at reducing the amount of blue light that reaches your eyes. Dark-tinted lenses are also a good choice because dark colors decrease your exposure to all wavelengths of light. The ideal sunglasses choice for preserving the retina: frames with dark-tinted yellowish-gray lenses. In addition, always be sure to choose sunglasses that block both UVA and UVB rays, for the highest level of cataract protection.

HOW OFTEN SHOULD YOU HAVE YOUR EYES CHECKED?

Many serious developing eye problems have no obvious onset symptoms, so it's important to see an eye doctor regularly even if you don't wear glasses. The right doctor to see is an ophthalmologist, an M.D. eye specialist. (Optometrists also examine eyes but they aren't physicians. Opticians only fit glasses and contact lenses.) In addition to checking your glasses and contacts—or determining whether you now need them—your doctor will use an ophthalmoscope to look at your optic nerve and retina, the light-sensitive membrane at the back of the eye that captures images from the lens and cornea. You should also get an eye-pressure test for the most common kind of glaucoma.

WHO	HOW OFTEN	WHY
MOST YOUNG ADULTS WITHOUT EYE PROBLEMS	Once between ages 20 and 39	To check for hidden symptoms of glaucoma and other eye diseases.
MOST ADULTS AGES 40 TO 64	Once every two to four years	Presbyopia makes the lens of eyes less elastic; most people need reading glasses and/or glasses adjusted for computer work. Between 42 and 52, women need an average of three changes in glasses power, according to Barbara Arnold, M.D., clinical professor of ophthalmology at the University of California Davis School of Medicine.
AFRICAN-AMERICANS, ASIAN-AMERICANS AND LATINOS AFTER 35	Once every one to two years	These ethnic groups are more likely to develop glaucoma at younger ages.
ALL ADULTS AGE 65 AND OLDER	Once a year	This is the time when macular degeneration, glaucoma and cataracts are most common.
INDIVIDUALS WHO WEAR CORRECTIVE LENSES	Once a year	To make sure vision hasn't changed.
DIABETICS	Once a year	Roughly 40 percent of diabetics have some form of diabetic retinopathy; untreated, it can cause blindness. The longer you've had diabetes, the likelier you are to develop it.
PEOPLE WHO TAKE PREDNISONE OR HYDROXYCHLOROQUIN	Once a year	Prednisone (a cortisone-like drug used for skin disorders, asthma, arthritis) and hydroxychloroquine (an arthritis drug that is also used to prevent malaria) may damage eyes.
PEOPLE WITH THYROID CONDITIONS AND HIGH BLOOD PRESSURE	Once a year	These conditions may damage eyes.

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important information: WELLBUTRIN XL is not for everyone. There is a risk of seizure when taking WELLBUTRIN XL, so don't use if you've had a seizure or eating disorder, or if you abruptly stop using alcohol or sedatives. Don't take with MAOIs, or medicines that contain bupropion. When used with a nicotine patch or alone, there is a risk of increased blood pressure, sometimes severe. To reduce risk of serious side effects, tell your doctor if you have liver or kidney problems. Other side effects may include weight loss, dry mouth, nausea, difficulty sleeping, dizziness, or sore throat. WELLBUTRIN XL is approved only for adults 18 years and over. In some children and teens, antidepressants increase suicidal thoughts or actions. Whether or not you are taking antidepressants, you or your family should call the doctor right away if you have worsening depression, thoughts of suicide, or sudden or severe changes in mood or behavior, especially at the beginning of treatment or after a change in dose (see Patient Information: *What is important information I should know and share with my family about taking antidepressants?*).

Results may vary.

Please see Medication Guide and Patient Information on following page.

WELLBUTRIN XL
(bupropion

Medication G
About Us

What is the

For some children and

2. How to Try to Prevent

3. You Should Watch for Certain Signs If Your Child is Taking an Antidepressant

4. There are Benefits and Risks When Using Antidepressants

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What is important information

What is WELLBUTRIN XL?

WELLBUTRIN XL is a

Who should not take WELLBUTRIN XL?

Do not take WELLBUTRIN XL if you have a

are taking ZYBAN (used to help people stop smoking) or any other medicines that contain bupropion hydrochloride, such as WELLBUTRIN Tablets or WELLBUTRIN SR Sustained-Release Tablets. Bupropion is the same active ingredient that is in WELLBUTRIN XL. Do not take WELLBUTRIN XL if you drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives (these make you sleepy) or benzodiazepines and you stop using them suddenly, have taken within the last 14 days medicine for depression called a monoamine oxidase inhibitor (MAOI) such as NARDIL® (phenelzine sulfate) PARNATE® (tranylcypromine sulfate), or MARPLAN® (isocarboxazid). Have or had an eating disorder such as anorexia nervosa or bulimia, are allergic to the active ingredient in WELLBUTRIN XL, bupropion, or to any of the inactive ingredients. See the end of this leaflet for a complete list of ingredients in WELLBUTRIN XL.

What should I tell my doctor before using WELLBUTRIN XL?

Tell your doctor about your medical conditions. Tell your doctor if you **are pregnant or plan to become pregnant.** It is not known if WELLBUTRIN XL can harm your unborn baby. If you can use WELLBUTRIN XL while you are pregnant. Talk to your doctor about how you can be on the Bupropion Pregnancy Registry. Tell your doctor if you **are breastfeeding.** (WELLBUTRIN XL passes through your milk. It is not known if WELLBUTRIN XL can harm your baby.), **have liver problems,** especially cirrhosis of the liver, have kidney problems, have an eating disorder such as anorexia nervosa or bulimia, have had a head injury, have had a seizure (convulsion, fit), have a tumor in your nervous system (brain or spine), have had a heart attack, heart problems or high blood pressure, are a diabetic taking insulin or other medicines to control your blood sugar, drink a lot of alcohol, or abuse prescription medicines or street drugs.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Many medicines increase your chances of having seizures or other serious side effects if you take them while you are using WELLBUTRIN XL. WELLBUTRIN XL has not been studied in children under the age of 18 years.

How should I take WELLBUTRIN XL?

Take WELLBUTRIN XL exactly as prescribed by your doctor. **Do not chew, cut, or crush WELLBUTRIN XL tablets.** You must swallow the tablets whole. **Tell your doctor if you cannot swallow medicine tablets.** Take WELLBUTRIN XL at the same time each day, take your doses of WELLBUTRIN XL at least 24 hours apart. You may take WELLBUTRIN XL with or without food. If you miss a dose, do not take an extra tablet to make up for the dose you forgot. Wait and take your next tablet at the regular time. **This is very important.** Too much WELLBUTRIN XL can increase your chance of having a seizure. If you take too much WELLBUTRIN XL, or overdose, call your local emergency room or poison control center right away. The WELLBUTRIN XL tablet is covered by a shell that does not release the medicine inside your body. You may notice something in your stool that looks like a tablet. This is normal. This is the empty shell passing from your body. **Do not take any other medicines while using WELLBUTRIN XL unless your doctor has told you it is okay.** It may take several weeks for you to feel that WELLBUTRIN XL is working. Once you feel better, it is important to keep taking WELLBUTRIN XL exactly as prescribed by your doctor. Call your doctor if you do not feel WELLBUTRIN XL is working for you. Do not change your dose or stop taking WELLBUTRIN XL without talking with your doctor first.

What should I avoid while taking WELLBUTRIN XL?

Do not drink alcohol while taking WELLBUTRIN XL. If you usually drink a lot of alcohol, talk with your doctor before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your chance of having seizures. Do not drive a car or use heavy machinery until you know how WELLBUTRIN XL affects you. WELLBUTRIN XL can impair your ability to perform these tasks.

What are possible side effects of WELLBUTRIN XL?

Seizures. Some patients get seizures while taking WELLBUTRIN XL. **If you have a seizure while taking WELLBUTRIN XL, stop taking the tablets and call your doctor right away.** Do not take WELLBUTRIN XL again if you have a seizure. **Hypertension (high blood pressure).** Some patients get high blood pressure, sometimes severe, while taking WELLBUTRIN XL. The chance of high blood pressure may be increased if you also use other treatment therapy (for example, a nicotine patch) to help you stop smoking. **Severe allergic reactions. Stop WELLBUTRIN XL and call your doctor right away** if you get a rash, itching, hives, fever, swollen lymph glands, painful sores in the mouth or around the eyes, swelling of the lips or tongue, chest pain, or have trouble breathing. These may be signs of a serious allergic reaction. **Unusual thoughts or behaviors.** Some patients have had unusual thoughts or behaviors while taking WELLBUTRIN XL including delusions (believe you are someone else, hearing voices, seeing or hearing things that are not there), paranoia (feeling that people are against you), feeling confused if this happens to you, call your doctor.

Common side effects of WELLBUTRIN XL are weight loss, loss of appetite, dry mouth, skin rash, sweating, changes in taste, stomach pain, agitation, anxiety, dizziness, trouble sleeping, muscle pain, tremor, feeling hostile, and ringing in the ears. If you have nausea, take your medicine with food. If you have trouble sleeping, do not take your medicine too close to bedtime. Tell your doctor right away about any side effect that bothers you or does not go away. These are not all the side effects of WELLBUTRIN XL. For a complete list, ask your doctor or pharmacist.

How should I store WELLBUTRIN XL?

Store WELLBUTRIN XL at room temperature. Store out of direct sunlight. Keep WELLBUTRIN XL in its tightly closed bottle. WELLBUTRIN XL tablets may be discolored.

General information about WELLBUTRIN XL

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use WELLBUTRIN XL for a condition it was not prescribed. Do not give WELLBUTRIN XL to other people, even if they have the same symptoms you have. It may harm them. Keep WELLBUTRIN XL out of the reach of children.

This leaflet gives the most important information about WELLBUTRIN XL. For more information, talk with your doctor. You can ask your doctor or pharmacist for information about WELLBUTRIN XL that is written for health professionals. For more information, call toll-free 888-825-5249.

What are the ingredients in WELLBUTRIN XL?

Active ingredient: bupropion hydrochloride

Inactive ingredients: ethylcellulose, hypromellose (NF), polyethylene glycol, methacrylic acid copolymer, sodium lauryl sulfate (NF), polyvinyl alcohol, polyethylene glycol, povidone, silicon dioxide, and triethyl citrate. The tablets are printed with edible black ink.

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January 2005 RL-2163

October 2005



Summertime Fun At Central California's Family Camp

This summer, there's no need to drop the children off at camp and let them have all the fun. Instead, head to Montecito Sequoia Lodge's Family Vacation Camp, in central California's Sequoia National Forest, where you can play tennis and go horseback riding right along with the kids.

The camp boasts more than 50 activities, including canoeing, archery, sailing and guitar lessons. You can participate as a family, or depend on the camp staff to keep your kids busy while you [illegible] the lake, get a massage or hike through nearby Kings Canyon and Sequoia National [illegible]

tions both generations can enjoy are guided walks on more than 20 trails, fishing for rainbow trout, yoga classes or watercolor lessons from an artist in residence.

In the evening, gather around the campfire to toast marshmallows, or take part in open mike night, casino night and, depending on the week, themed parties such as a Hawaiian luau or a 1940s Hollywood bash.

During your stay, your entire brood can bunk in the main house or stay in one of the site's 13 single-family cabins. All three daily meals are served buffet style.

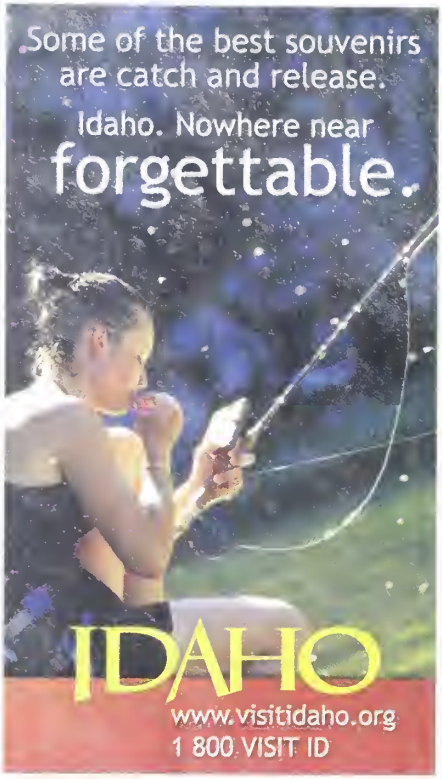
The season runs from June 19 to September 1 (*www.msmlodge.com*). All-inclusive rates start at $545 for adults and $175 for kids 12 and under. Rates vary depending on length of stay.

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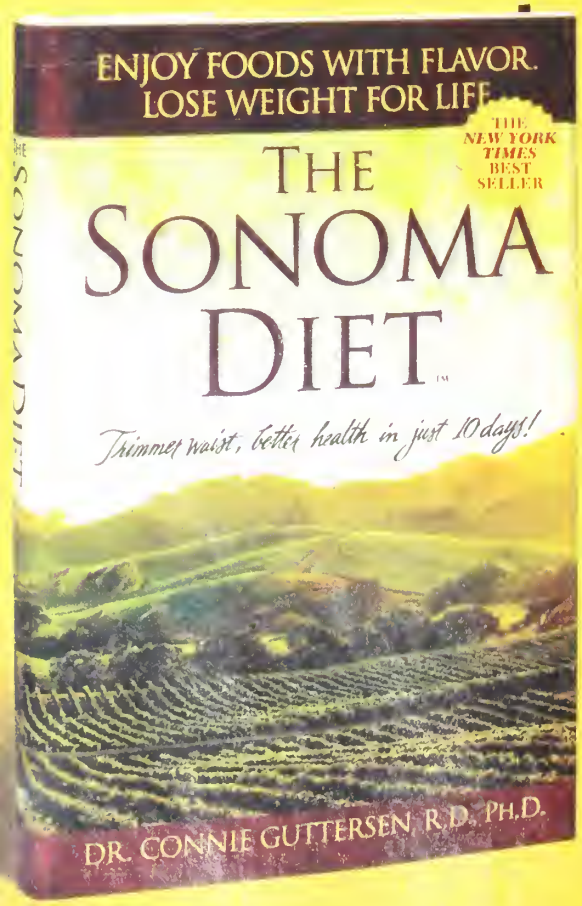
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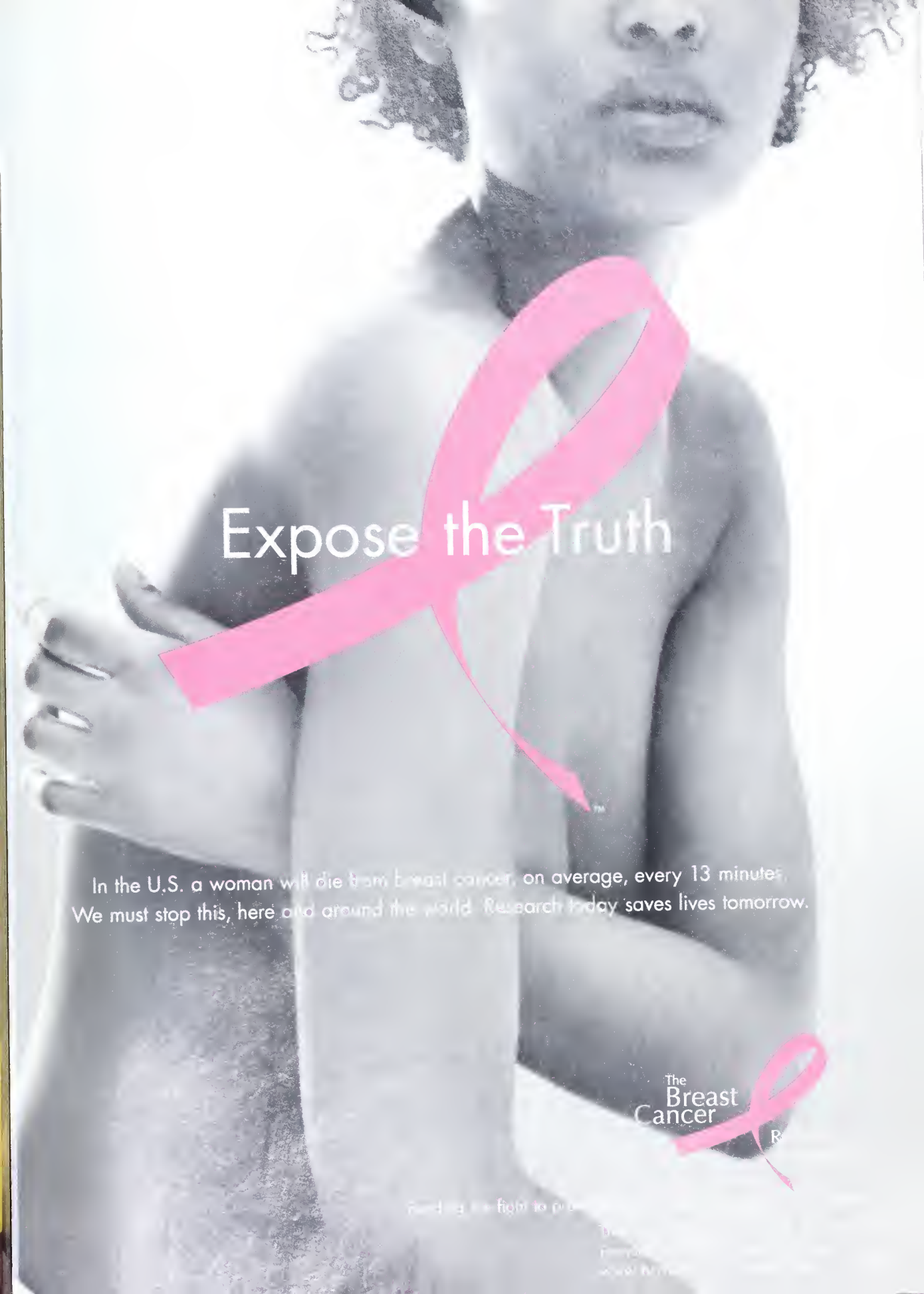
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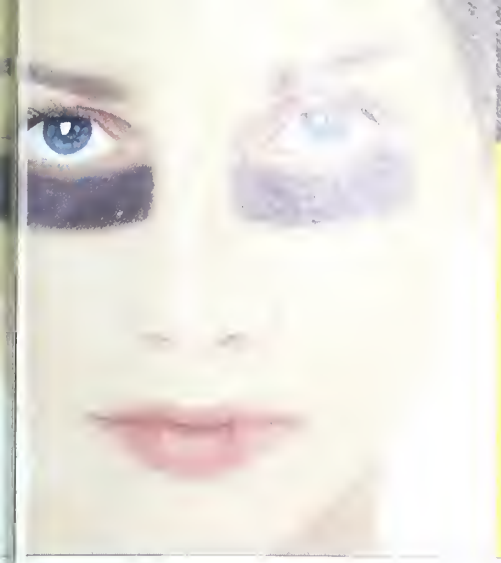
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Twenty three cast members from ABC TV's ***One Life to Live*** have produced a CD called ***One Life, Many Voices*** to support hurricane relief. 26 tracks from your favorite stars plus a 32-page photo booklet. 100% of net proceeds donated to relief efforts. Buy it today at **www.onelifemanyvoices.com.**



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NEW PRODUCT UPDATE

SERIOUS DARK CIRCLES?™

"The first product specifically developed for serious dark circles... not the kind that pop up in the morning and are gone by breakfast, but the kind of serious dark circles that stay around forever... making you look old, tired and exhausted."

ffany Strobel

Do you know what actually "causes" serious dark circles? I thought I did... but I was wrong.

most people, I thought dark circles were
d by hard partying, working late, being tired
imple allergies. But according to most
rch dermatologists, serious dark circles (the
that make you look old, tired and exhaust-
are about, of all things, the oxidation of
oglobin (blood) in the capillary
ix of the peri-orbital eye area. What
outhful!

e capillaries actually "leak" blood that begins
cidize (through a process called hemoglobin
adation)... creating a dark bluish-red pig
tation that looks distinctly like an ugly
se.

t does all that mean in plain English? Tiny
capillaries deposit blood around your
itive eye area. The blood turns deep purple
you end up looking like you just went
ard rounds in a boxing ring.

Not an Ordinary Eye Cream... A Dark Circle Breakthrough

Because serious dark circles are so difficult to address (just take a look in the mirror after lunch... ouch! So much for cakey concealers) it's not surprising that the hottest new "must-have" compound to shake up the "cosmeceutical" market is something called Hylexin. Why? Because it's the first formula specifically developed to dramatically reduce the appearance of serious dark circles.



Where's the Proof?

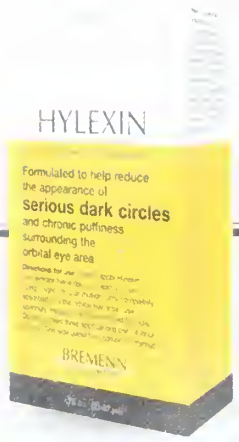
In scientific studies, Hylexin™ has been shown to help reduce hemoglobin degradation byproducts by optimizing enzymatic activity... causing the red-blue pigmentation to fade. Studies also confirm that Hylexin™ actually helps strengthen the capillary matrix to help stop the "leaking"... so your orbital eye area is protected against further damage. Science is soooo cool!

Need More Proof?

In a double-blind clinical trial more than 72% of women who had serious dark circles and used Hylexin's™ key compound saw an obvious, tangible, visible reduction in the color and severity of their dark circles. These results were confirmed with high-speed laboratory photography that clearly showed a significant reduction in the appearance of the blue and red color that makes dark eye circles so noticeable and so unattractive.

But forget about scientific studies. Talk to people who've used Hylexin™ and they all say the same thing... "Amazing!" In a matter of days, serious dark circles begin to fade... your eyes look clear, bright and alive.

So if your dark circles are of the "ordinary" variety you probably don't need Hylexin.™ But if you're like the rest of us "Raccoon People" and need more than just a simple "eye cream," there's only one question... What are you waiting for? See you at the Hylexin™ counter!



EED HELP FINDING HYLEXIN™?

ou might imagine finding a tube of Hylexin directly from Bremenn
xin™ is just about as d[illegible] Research Labs at
uthentic "Louis Vuitton [illegible]
street corner. This stuff [illegible]
ossible to get. Your best bets [illegible] Oh, by the way, Hylexin™ is not cheap... a four to six week supply (.78 oz tube) costs
mingdale's, Lord & Taylor, Saks
. Fifth Avenue. If they [illegible] about $[illegible].00. But I guess, like all things in
put your name on the [illegible] life, you get what you pay for.

www.Hylexin.com or call
1-800-720-4571.

And don't forget, Hylexin™ is backed by Bremenn Research Labs' no questions asked, money-back guarantee. If Hylexin™ doesn't dramatically reduce the appearance of serious dark circles and make your eyes look brighter and more alive, simply return the unused portion within 30 days for a full refund.

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From lemonade and potato salad to grilled chicken and berry shortcake, these modern picnic recipes will make a feast fit for a...

*f*AMILY *reunion*



Berry Shortcake

PHOTOGRAPHED BY JOHN KERNICK RECIPES AND FOOD STYLING BY LORI POWELL





Minted Pea- and Mushroom-Stuffed Baby Squash

At last, you've all come together. It's a warm afternoon, and you're lounging on a blanket spread on the lawn or swinging your bare legs off the end of the raised porch, sipping a frosty iced tea, surrounded by family ties: young and old, a closer-than-close cousin and an aunt you haven't seen since high school graduation. To be sure that your next large outdoor family party yields a scrapbook's worth of memories, we created a classic menu—grilled chicken, salads, garlic bread and shortcake—that would be perfect for a picnic in a Norman Rockwell painting yet is light enough to keep you on the move, playing badminton with and grabbing hugs from those whom you love best.

Minted Pea- and Mushroom-Stuffed Baby Squash

SERVES 16

Prep time: 35 min **Total time:** 45 min

- 1½ lbs baby pattypan squash
- 1 cup (5 oz) frozen peas, thawed
- 1½ tablespoons finely grated Parmigiano-Reggiano
- 1½ tablespoons extra-virgin olive oil
- ½ tablespoon fresh lemon juice
- 1 tablespoon finely chopped fresh mint leaves, plus additional small leaves for garnish
- 5 oz white mushrooms, quartered
- 2 tablespoons chopped shallots
- 1 tablespoon heavy cream

◆ Bring a large saucepan of water to a boil; add salt. Add squash and cook until fork-tender, about 3 minutes. Drain in a colander and transfer to a bowl of ice and cold water to cool. Drain and horizontally slice off tops of squash, keeping each top with its bottom. Cut a thin slice from bottom of each squash (to stand upright) and place on a tray.

◆ Pulse together peas, cheese, ½ tablespoon oil and the juice in a food processor until almost smooth. Transfer to a bowl and stir in mint; salt and pepper to taste, for pea filling.

◆ Pulse together mushrooms and shallots in a clean food processor bowl until finely chopped. Heat remaining 1 tablespoon oil in a medium nonstick skillet over moderate heat. Add mushroom mixture and cook, stirring occasionally, until liquid has evaporated, about 3 minutes. Transfer mixture to a bowl and stir in cream; salt and pepper to taste, for mushroom filling.

◆ Spoon pea filling onto half of squash bottoms, then top with lids. Garnish each with a mint leaf. Repeat with mushroom filling and remaining squash. Serve at room temperature.

Per serving: 35 calories, 2 g total fat, 0.5 g sat fat, 22 mg sodium, 4 g carbs, 20 mg calcium, 2 mg chol, 1 g protein, 1 g fiber

Grilled Chicken and Sausages With Herbed Tomato Salad

SERVES 16

Prep time: 35 min **Total time:** 3 hrs 15 min

- ⅓ cup plus 2 tablespoons balsamic vinegar
- 3 tablespoons coarsely chopped fresh rosemary
- 4 tablespoons chopped garlic
- ½ cup plus 3 tablespoons olive oil, plus additional for rack
- 7 lbs chicken parts

CONTINUED

HAIR AND MAKEUP KRISTINE CULLMAN FOR BJ BENNETT PRODUCTIONS; PROPS STYLING BY [illegible]



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- [illegible] drumsticks) with [illegible] breasts if too large
- 1 tablespoon finely chopped shallot
- 2½ lbs assorted small and large heirloom tomatoes, large ones sliced and small halved
- 2 tablespoons chopped fresh cilantro
- 2 tablespoons chopped fresh basil
- 3 packages (13 oz each) precooked turkey or chicken sausages

◆ Whisk together ⅓ cup vinegar, the rosemary and 3 tablespoons garlic in a small bowl. Add ½ cup oil in a slow stream, whisking until thickened and emulsified; salt and pepper to taste, for marinade. Divide chicken and marinade between 2 large heavy-duty resealable plastic bags and seal. Turn until chicken is coated well. Marinate, chilled, at least 2 hours or overnight, placing bags in large bowls to catch any leaks.

◆ Whisk together remaining 2 tablespoons vinegar, 1 tablespoon garlic and the shallot in a serving bowl. Add remaining 3 tablespoons oil in a slow stream, whisking, until thickened and emulsified; salt and pepper to taste, for dressing. Add tomatoes, cilantro and basil to dressing; toss gently to coat.

◆ Preheat grill and lightly oil rack. Remove chicken from marinade (discard marinade) and grill on rack over moderate heat, turning once, until cooked through, about 35 minutes. Transfer to a serving platter. Halve sausages lengthwise and grill on lightly oiled rack over moderate heat, turning, until heated through, about 6 minutes. Transfer to platter with chicken. Top all with herbed tomato salad and serve remaining salad on the side.

Per serving: 365 calories, 22.5 g total fat, 5 g sat fat, 424 mg sodium, 6 g carbs, 21 mg calcium, 126 mg chol, 34 g protein, 1 g fiber

Grilled Garlic Bread

MAKES 18 SLICES

Prep time: 35 min **Total time:** 40 min

CONTINUED ON PAGE 210



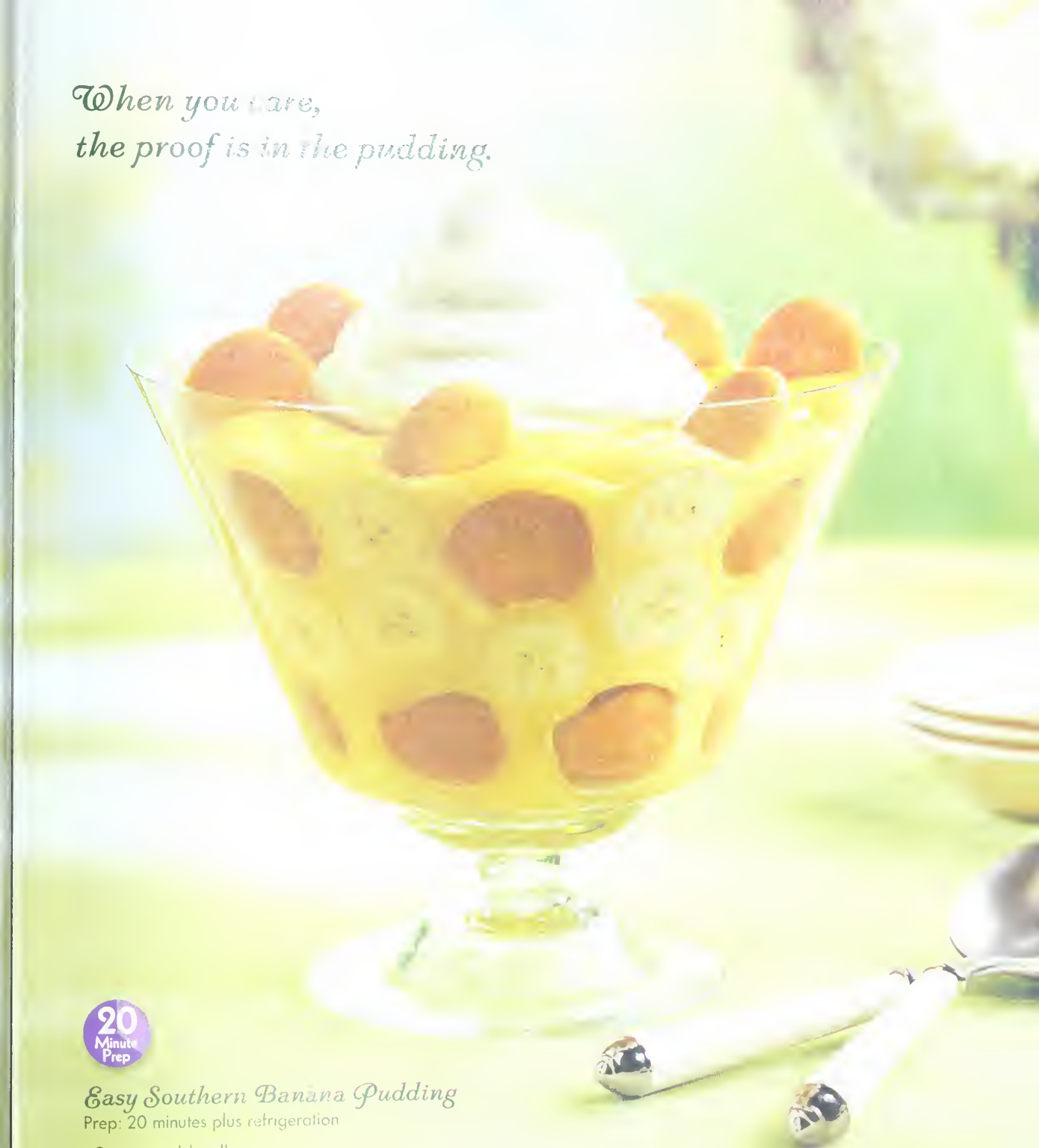
Grilled Chicken and Sausages With Herbed Tomato Salad





To add flavor and fun, drop slices of lemon and sprigs of fresh lavender into your lemonade and serve in a traditional pitcher, top, or in a glass jar, above, using a ladle to pour into cups.

When you care,
the proof is in the pudding.



20 Minute Prep

Easy Southern Banana Pudding

Prep: 20 minutes plus refrigeration

3 cups cold milk
2 pkg. (4-serving size each) JELL-O Vanilla Flavor Instant Pudding & Pie Filling
30 NILLA Wafers
3 medium bananas, sliced
1 tub (8 oz.) COOL WHIP Whipped Topping, thawed

POUR milk into large bowl. Add dry pudding mixes. Beat with whisk 2 min. or until well blended. Let stand 5 min.

ARRANGE one-third of the wafers on bottom and up side of 2-qt. serving bowl. Top with layers of half each of the banana slices and pudding. Repeat all layers. Cover with whipped topping.

REFRIGERATE 3 hours. Store leftover dessert in refrigerator. Makes 14 servings, about ⅔ cup each.



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- Autographed copy of *Duke's Tales: Duke Finds a Home*

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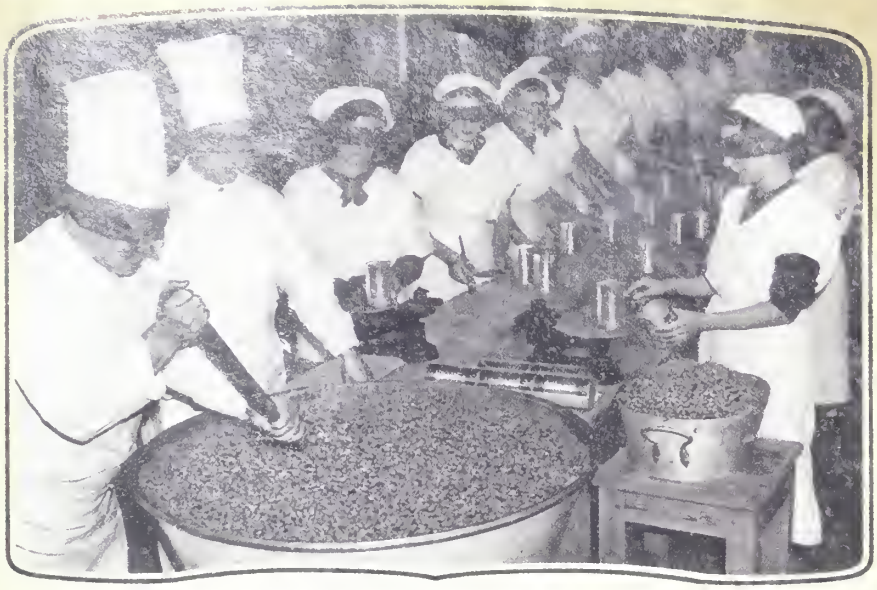


Duke Becomes An Author

Duke found a happy home with Jay Bush and tells his story in the new book, *Duke's Tails: Duke Finds a Home*. Duke and Bush's Baked Beans are proud to partner with the American Humane Association and will donate proceeds from the book to help place homeless pets with their future families.

For more information on how you can purchase your copy of *Duke's Tails: Duke Finds a Home* visit www.bushbeans.com.

To enter, tell us in 75-100 words why your pet is the star of your family. To view Official Rules for Bush's Beans Contest, and to enter online, visit www.familycirclepromo.com/bbcontest or send your name, address, and day time phone number and 75-100 words to: DUKE'S ALL-STAR PET PACKAGE, Family Circle, 125 Park Avenue, 19th Floor, New York, NY 10017. Contest begins 5/9/06 and ends 7/30/06. Online entries must be received by 11:59 p.m., ET on 7/30/06. Mail entries must be postmarked by 7/30/06 and received by 8/6/06. No purchase necessary to enter or win. Open to legal U.S. residents, 21 years or older. One (1) entry per household. Void where prohibited. Operator: Meredith Corporation.



Keeping BUSH'S SECRET FAMILY RECIPE SECRET FOR DECADES.

How do we keep our Secret Family Recipe secret? Well, it has required some extreme measures at times. From generation to generation, we've protected it.



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Green Bean, Corn and Three Potato Salad

1½ cups extra-virgin olive oil, plus additional for rack
3 sticks unsalted butter
18 large garlic cloves, minced (about 6 tablespoons)
2 cups chopped fresh flat-leaf parsley leaves
3 large round loaves sourdough or semolina bread (about 10 inches in diameter), cut horizontally into ½-inch-thick slices

◆ Preheat grill and lightly oil rack. Place oil, butter and garlic in a small saucepan. Heat over moderate heat, stirring, until butter is melted, about 3 minutes. Stir in parsley; season with salt and pepper.
◆ Brush both sides of each bread slice with garlic mixture and sprinkle with salt. Grill on rack over moderate heat until golden brown, turning once, about 3 minutes. Transfer to a platter and serve warm.



Grilled Garlic Bread

Per ½ slice: 260 calories, 20 g total fat, 7 g sat fat, 197 mg sodium, 18 g carbs, 35 mg calcium, 24 mg chol, 3 g protein, 1 g fiber

Green Bean, Corn and Three Potato Salad

SERVES 16

Prep time: 50 min **Total time:** 1 hr 10 min

6 ears corn, shucked
¾ lb haricots verts (French green beans) or fresh thin green beans, trimmed
4 lbs assorted small potatoes (new, fingerlings and purple)
4 tablespoons red-wine vinegar
1½ tablespoons Dijon mustard
½ cup extra-virgin olive oil
3 roasted poblano chiles, peeled, stemmed, seeded and chopped
⅓ cup chopped fresh chives

◆ Bring a large pot of water to a boil; add salt. Add corn and cook until just tender, about 3 minutes; transfer to a large bowl of ice and cold water, reserving water in pot. Add beans to reserved boiling water and cook until crisp-tender, about 3 minutes; drain in a colander and transfer to bowl of ice and cold water. Place potatoes in pot, add enough cold water to cover by 2 inches and bring to a boil; add salt. Simmer, stirring occasionally, until potatoes are fork-tender, about 20 minutes.
◆ Meanwhile, whisk together vinegar and mustard in a large bowl; salt and pepper to taste. Whisk in oil in a slow stream until thickened and emulsified, for vinaigrette.
◆ Drain potatoes in colander and rinse under cold water until just warm. Halve warm potatoes and immediately transfer to bowl with vinaigrette, tossing to combine. Halve beans and add to bowl. Cut corn kernels from cob and transfer to bowl along with roasted CONTINUED



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Herbed Tomato Salad



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chiles and chives; toss to combine.

Per serving: 185 calories, 7.5 g total fat, 1 g sat fat, 120 mg sodium, 27 g carbs, 23 mg calcium, 0 chol, 4 g protein, 3 g fiber

Berry Shortcakes

SERVES 17

Prep time: 45 min

Total time: 1 hr 5 min

- 1¾ sticks cold unsalted butter, cut into pieces, plus additional for baking sheets
- 5 cups all-purpose flour, plus additional for dusting
- 1 cup granulated sugar
- 5½ teaspoons baking powder
- 2 teaspoons salt
- 2 cups plus 3 tablespoons half-and-half
- Sanding sugar, for sprinkling
- 4 cups fresh blueberries
- 3 tablespoons fresh lime juice
- ½ teaspoon finely grated fresh lime zest
- 4 cups fresh strawberries, hulled and halved
- 2 tablespoons fresh lemon juice
- ½ teaspoon finely grated fresh lemon zest
- 2½ cups chilled heavy cream, beaten to soft peaks

◆ Preheat oven to 400°F and lightly butter 2 large baking sheets.

◆ Whisk together flour, ½ cup granulated sugar, the baking powder and salt in a large bowl. Add butter and, using fingertips, rub into flour mixture until it resembles coarse crumbs. Using a fork, stir in 2 cups plus 2 tablespoons half-and-half just until a dough forms; transfer to a lightly floured surface. Pat dough into a 10-inch disc (1 inch thick). Using a 2½-inch biscuit cutter, cut into rounds, repatting scraps to make 17. Transfer rounds to prepared pans, placing 1 inch apart, and brush tops with remaining 1 tablespoon half-and-half. Sprinkle tops with sanding sugar and bake in upper and lower thirds of oven, switching positions halfway through, until golden brown, about 25 minutes. Transfer shortcakes on sheets to racks to cool.

◆ Meanwhile, toss blueberries with lime juice, lime zest and ¼ cup granulated sugar in a large bowl. Toss strawberries with lemon juice, lemon zest and remaining ¼ cup granulated sugar in another large bowl. Let both stand 20 minutes at room temperature.

◆ To serve, horizontally cut shortcakes in half, add a dollop of whipped cream and berries to bottom halves, and cover with tops.

Per serving: 470 calories, 27 g total fat, 16.5 g sat fat, 467 mg sodium, 53 g carbs, 159 mg calcium, 86 mg chol, 6 g protein, 3 g fiber

MAKE IT KID FRIENDLY!



Turn our Berry Shortcakes into a double-decker dessert any child will adore: Start with a bottom biscuit, top with berries and a scoop of ice cream, slip in another biscuit, then berries and more ice cream. Drizzle warm chocolate sauce over that final ice-cream dollop. Add one more biscuit to prop up the tower—and soak up the scrumptious sauces.

L-Live Cooking for the family is always a snap with our simple recipes. Log on to www.lhj.com/quickandeasy

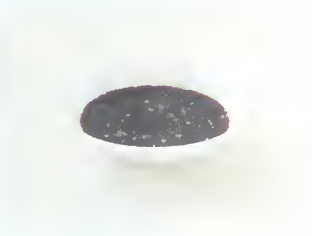
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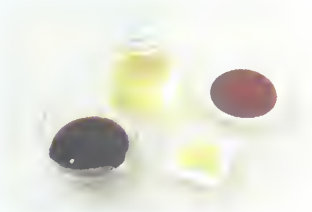
1

Your steak marinade begins with Kikkoman Original Teriyaki, balsamic vinegar, oil and pressed garlic.



2

Combine ingredients in large bowl or food storage bag and marinate.



3

The salad dressing calls for Kikkoman Original Teriyaki, balsamic vinegar, oil and grated ginger



4

Combine all ingredients, add to salad and enjoy your Steak Salad with Fresh Summer Berries





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Before



After — with Rubbermaid collapsible containers



In addition to new Rubbermaid collapsible containers, use our best tips for ridding kitchen clutter:

- **Get rid of things** — Go through your kitchen cabinets and get rid of equipment you no longer use that is simply taking up valuable space. This will make everything more convenient to locate.
- **Try to take inventory often** — Doing this will not only help you get down items on your shopping list, but also help you get rid of expired items you don't use regularly (keep in mind you use a pie server for a holiday dish!).
- **Only buy necessary groceries** — It's easy to get carried away if there's a sale at the grocery store, leading you to purchase items you don't necessarily need. That's how you end up filling up space with clutter!
- **Place same type items together** — For example, put all pots and pans in the same kitchen cabinet and all canned items together. This helps you find your way around the kitchen more easily and makes it easier to put everything up.

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5 Family-Friendly Supper Salads

It's summertime, and the salads are easy. You can make them healthy—and hearty—with these delicious recipes



Grilled Veggie Garlic-Bread Salad. Laguna napkin, *www.crateandbarrel.com*, $3.95

PHOTOGRAPHED BY CHARLES SCHILLER RECIPES AND FOOD STYLING BY LORI POWELL



Shrimp Salad Niçoise

Grilled Veggie Garlic-Bread Salad

SERVES 6

Prep time: 40 min

Total time: 50 min

Kitchen cue: This salad is a play on the Tuscan bread salad panzanella, in which stale bread is cubed, then combined with vegetables, herbs and a vinaigrette. For added flavor, we grilled slices of bread and topped them with vegetable salad, allowing the juices of the dressing and vegetables to soak into the bread.

- Olive oil, for rack
- 1 small round loaf bread (about 6 inches in diameter), cut horizontally into six ⅓-inch-thick slices
- 2 garlic cloves, halved
- 1½ lbs yellow squash, trimmed and cut lengthwise into ½-inch-thick slices
- 1 lb medium zucchini, trimmed and cut lengthwise into ½-inch-thick slices
- 1 lb eggplant (peeled, if desired), trimmed and cut lengthwise into ½-inch-thick slices
- 2 bell peppers (red and orange), sides sliced off, stems and seeds discarded
- 3 cups red grape tomatoes, halved
- 6 oz part-skim mozzarella, cut into ⅓-inch cubes
- 2 cups baby arugula
- 1 cup torn fresh basil leaves
- 2 to 3 tablespoons red-wine vinegar, to taste

◆ Preheat grill and lightly oil rack. Grill bread slices on rack over moderately high heat, turning once, until golden brown, about 3 minutes. Immediately rub both sides of each slice with cut side of garlic; transfer to serving plates.

◆ Arrange all vegetables except tomatoes on lightly oiled rack, season with salt and pepper and grill, turning once, until just tender and lightly brown, about 1 minutes for squash and zucchini, 7 minutes for eggplant and bell peppers. Transfer to cutting board and cut into 1-inch pieces.

◆ Toss grilled vegetables with tomatoes, cheese, arugula, basil and vinegar in a bowl; salt and pepper to taste. Mound salad on each bread slice and serve.

Per serving: 305 calories, 7 g total fat, 3 g sat fat, 457 mg sodium, 46 g carbs, 337 mg calcium, 17 mg chol, 16 g protein, 6 g fiber

Shrimp Salad Niçoise

SERVES 4

Prep time: 45 min

Total time: 1 hr 10 min

- 2 tablespoons tarragon vinegar
- 2 teaspoons Dijon mustard
- 2 tablespoons extra-virgin olive oil
- 2 teaspoons water
- 3 tablespoons finely chopped shallot
- 6 oz haricots verts (French green beans) or fresh thin green beans, trimmed
- ¾ lb frozen shelled and deveined large shrimp, thawed
- ½ lb small (1½ inches in diameter) new potatoes
- 4 large heads Bibb or 2 small heads Boston lettuce, trimmed, leaves separated and torn slightly
- 2 large eggs, hard-boiled
- 1 loaf crusty bread (optional)

◆ Whisk together vinegar and mustard in a small bowl. Slowly whisk in oil until emulsified and thickened. Whisk in water, then shallot; salt and pepper to taste, for vinaigrette.

◆ Bring a large saucepan of water to a boil; add salt. Add beans and cook, stirring occasionally, until just tender, about 3 minutes. Transfer with a slotted spoon to a bowl filled with ice and cold water, reserving water in saucepan. Add shrimp to reserved boiling water and cook until pink and opaque, about 3 minutes.

CONTINUED

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Where to Find It, page 226

Transfer to bowl with ice and cold water. Drain beans and shrimp; pat both dry.

◆ Place potatoes in a clean saucepan; cover with cold water by 2 inches and bring to a boil; add salt. Simmer until potatoes are tender but not falling apart, about 15 minutes. Drain and rinse with cold water; halve. Separately arrange beans, shrimp, potatoes and lettuce on a large serving platter. Peel and quarter eggs; tuck into lettuce.

◆ Drizzle vinaigrette over all; salt and pepper to taste. Serve with bread, if desired.

Per serving: 310 calories, 12 g total fat, 2 g sat fat, 254 mg sodium, 26 g carbs, 313 mg calcium, 236 mg chol, 27 g protein, 5 g fiber

Turkey, Bacon and Pickled-Onion Spinach Salad

SERVES 4

Prep time: 20 min

Total time: 35 min

- ⅓ cup raspberry vinegar
- ⅓ cup sugar
- 1 bay leaf
- 1 small red onion, sliced
- 2 teaspoons Dijon mustard
- 1 tablespoon extra-virgin olive oil
- 4 slices (4 oz) turkey bacon
- 6 cups (5 oz) baby spinach
- ¼ lb sliced deli turkey, torn into bite-size pieces
- ¼ cup pecans, toasted and coarsely chopped
- 1½ oz mild blue cheese, crumbled (½ cup)

◆ *Make pickled onion:* Bring vinegar, sugar and bay leaf to a boil in a small saucepan. Cook, stirring, until sugar dissolves, about 1 minute. Immediately stir in onion and remove from heat; let cool (discard bay leaf).

◆ Transfer 3 tablespoons pickling liquid to a bowl. Whisk in mustard and oil; salt and pepper to taste, for dressing.

◆ Cook bacon in a large nonstick skillet over moderate heat, turning once, until crisp and golden brown, 6 minutes. Transfer to paper towels to drain; crumble. Transfer ¼ cup onion (no liquid) to a large bowl and toss with half of bacon, the spinach, turkey, pecans, cheese and dressing; salt and pepper to taste. Sprinkle with remaining bacon. Drain remaining onion and serve on the side to top salad, if desired.

Per serving: 330 calories, 19.5 g total fat, 5.5 g sat fat, 1,253 mg sodium, 23 g carbs, 96 mg calcium, 47 mg chol, 17 g protein, 3 g fiber

CONTINUED



Turkey, Bacon and Pickled-Onion Spinach Salad

POWELL PHOTOGRAPH: ALEXANDRA DE TOTH



Food and Entertaining Director Lori Powell

The Lowdown from Lori

If you're worried that your husband won't consider a salad a "real" meal, tell him about my day with a small crew of construction workers I had hired to rip out my kitchen. I served them my salads during their lunch break, and they gobbled them up, saying, "You're the best!" The lettuce didn't weigh them down, so they could continue their afternoon of tough demolition without any post-carb [illegible]. Of course, that was my intent all along . . .

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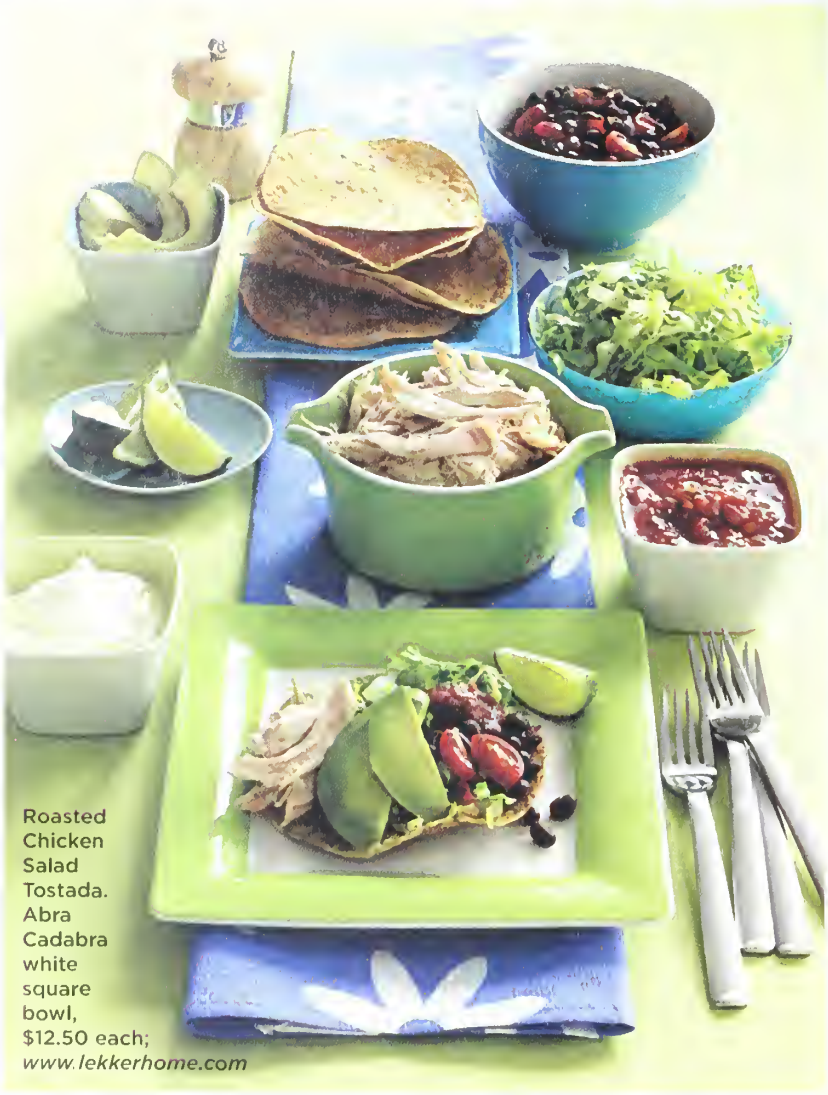
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Roasted Chicken Salad Tostada. Abra Cadabra white square bowl, $12.50 each; *www.lekkerhome.com*

Roasted Chicken Salad Tostada

SERVES 4

Prep time: 35 min

Total time: 35 min

Kitchen cue: To shred cooked chicken, pull apart meat using fingers or a fork. If you want to serve as a tossed salad, combine ingredients in a bowl and crumble the crisp tortilla over top. The salsa and sour cream take on the role of dressing.

- 1½ tablespoons olive oil
- 2 teaspoons ground cumin
- 8 (5½-inch) corn tortillas
- 2 cups shredded purchased roasted chicken
- 4 tablespoons fresh lime juice, plus wedges for garnish
- 1 can (15½ oz) black beans, rinsed and drained well
- 1 cup grape tomatoes, quartered
- 1 avocado
- 4 cups thinly sliced romaine lettuce
- 1 cup purchased salsa
- ½ cup low-fat sour cream

◆ Preheat broiler. Whisk together oil and 1½ teaspoons cumin in a small bowl; salt to taste. Lightly brush both sides of each tortilla with cumin oil and arrange in a single layer on a cookie sheet. Broil 4 inches from heat, turning once, until golden brown and crisp, about 2 minutes. Transfer to rack to cool.

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Prosciutto, Asparagus and Roasted Beet Salad With Parmesan Curls



- Meanwhile, toss chicken with 2 tablespoons juice in a serving bowl; salt and pepper to taste.
- Toss together beans, tomatoes, 1 tablespoon juice and remaining ½ teaspoon cumin in another serving bowl; salt and pepper to taste.
- Halve, pit, peel and slice avocado. Transfer to a shallow bowl and drizzle with remaining 1 tablespoon juice; salt to taste.
- Arrange bowls of chicken, beans, avocado and stack of tortillas on the table. Place lettuce, salsa and sour cream in separate bowls; serve on the side with lime wedges. Top each tortilla with desired toppings to create individual salad tostadas.

Per serving: 475 calories, 22 g total fat, 5 g sat fat, 1,114 mg sodium, 51 g carbs, 203 mg calcium, 73 mg chol, 26 g protein, 9 g fiber

Prosciutto, Asparagus and Roasted Beet Salad With Parmesan Curls

SERVES 4

Prep time: 25 min

Total time: 1 hr 40 min

Kitchen cue: Toast pine nuts in a small skillet over moderate heat, stirring constantly, until golden brown, about 3 minutes (no oil is needed since nuts release their natural oils when heated). Immediately spread out pine nuts on a plate and salt and pepper to taste; let cool. Nuts can be stored up to 3 months in an airtight container in the freezer.

- 1 bunch medium beets *or* 1 can (15 oz) whole pe… beets, drained
- 2 tablespoons balsamic vinegar
- 1¼ lbs medium asparagus, stem ends trimmed
- 2 teaspoons Dijon mustard
- 1 tablespoon extra-virgin olive oil
- 2 oz mâche lettuce
- ¼ lb sliced prosciutto
- ⅓ cup Parmigiano-Reggiano curls (shaved with vegetable peeler from a wedge)
- 3 tablespoons pine nuts, toasted (see kitchen cue)

◆ Preheat oven to 425°F. If using fresh beets, trim tops, leaving 1 inch of stem attached. Wrap tightly in foil and roast in middle of oven until very tender, about 1 hour. Carefully remove foil and let cool; peel.

◆ Cut beets into eighths and transfer to a bowl. Toss with 1 tablespoon vinegar; salt and pepper to taste. Let stand 15 minutes.

◆ Meanwhile, bring a large saucepan of water to a boil; add salt. Add asparagus and cook until just tender, about 3 minutes. Drain in a colander and transfer to a bowl filled with ice and cold water to cool. Drain in colander and pat dry.

◆ Drain liquid from beets into a bowl and whisk in remaining 1 tablespoon vinegar, the mustard and oil; salt and pepper to taste, for dressing.

◆ Separately arrange beets, asparagus and lettuce on serving plates. Place prosciutto over asparagus and top lettuce with cheese and pine nuts. Drizzle dressing over lettuce and beets. Season all with salt and pepper.

Per serving : … fat, 4.5 g sat … 14 g carbs, 15 … chol, 18 g pr…

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BEAUTY JOURNAL PAGE 32: Unless listed otherwise, all products are available at major discount, drug and food retailers nationwide. Laura Mercier; www.lauramercier.com. Boscia; at Sephora and Bath and Body Works. DHC; 1-800-342-2273. KMS; at salons.

SUMMER SCENTS PAGE 34: Narciso Rodriguez; at fine department stores. Sarah Jessica Parker; at fine department stores. Marc Jacobs; Bloomingdales. Calvin Klein; Macy's. Victoria's Secret; Victoria's Secret. Curve; department stores. Sonia Kashuk; Target.

BEAUTY SIGHTINGS PAGE 36: Paul Mitchell; at select salons.

MEN'S PRODUCTS PAGE 38: Clinique; at department stores. Shamps; Target. Tweezerman; Linens 'N' Things. John Allan; Saks.

BEAUTIFUL SUMMER SKIN PAGES 40–45: Shiseido; at Nordstrom. Avon; www.avon.com. Parissa; at Whole Foods. Victoria's Secret, Victoria's Secret. AquaFanica; at Bath and Body Works. Lumene; CVS/pharmacy. SkinCeuticals, www.skinceuticals.com. Clarins; at select department stores. CLOTHING CREDITS: Lauren by Ralph Lauren; Everything But Water stores or www.everythingbutwater.com. MICHAEL Michael Kors; Lord & Taylor, Michael Kors; Bloomingdale's.

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INTO THE BLUE PAGE 50: Ann Taylor Loft; 800-DIAL-ANN for store locations. Sisley; 800-535-4491. Yves Saint Laurent; www.solsticesores.com. Catherine Canino at Notanonymous; Jennifer Kaufman, NY and F.Gerald, Morristown NJ 973-425-4485. Kenneth Cole; 800-KEN-COLE. American Eagle; www.ae.com. Emporio Armani; www.solsticesores.com. PAGE 51: Coldwater Creek; Available at Coldwater Creek Retail Stores, www.coldwatercreek.com or 800-262-0040. Banana Republic; 888-BRSTYLE. Tocca; Anouk, Los Angeles; 213-955-9050. Island Designs at Notanonymous; Pangaea, Nashville, TN; 615-269-9665. Eddie Bauer; 800-426-8028 or www.eddiebauer.com. Pillows, Restoration Hardware; www.restorationhardware.com and West Elm; www.westelm.com. Shell sham and pillow cases, Plenty by Tracy Reese; Tracy Reese, NY; 212-807-0505. PAGE 52: Tibi; C'Orrico, Palm Beach, FL; 561-659-1284. Coldwater Creek; Coldwater Creek retail stores, www.coldwatercreek.com or 800-262-0040. Island Designs at Notanonymous; Pangaea, Nashville, TN, 615-269-9665. American Eagle; www.ae.com. Agnès B; www.agnesb.net. PAGE 53: City Unltd.; select Macy's and Nordstrom. Dress Barn; select Dress Barn stores; 800-DRESS BARN. The Lip Scrub; www.thelipscrub.com. PAGE 54: MICHAEL Michael Kors; Macys, Bloomingdale's, Lord & Taylor, Hecht's, Dillards, and Marshall Field's. Ben Amun; made to order, 212 944-6180 or www.benamun.com. Calvin Klein; 888-222-1213, Macy's and Lord & Taylor. Agnès B; www.agnesb.net. PAGE 55: Banana Republic; 888-BRSTYLE. Tommy Hilliger; www.tommy.com. Tocca; Inago, Los Angeles; 323 273-6507. PONO by Joan Goodman; 866 336 PONO. Banana Republic; 888-BRSTYLE. PAGE 56: City Unltd.; Select Macy's and Nordstrom. Banana Republic; 888-BRSTYLE. Eddie Bauer; call 800 426 8028 or www.eddiebauer.com. Old Navy; www.oldnavy.com. PAGE 57: Tory Burch; www.toryburch.com. Tommy Hilliger; www.tommy.com. Ben Amun; made to order call 212 944 6480 or www.ben amun.com. Michael Kors; Saks, Marshall Field's, Scoop, Nordstroms and Bloomingdale's. MICHAEL Michael Kors; select Bloomingdale's.

HOME JOURNAL: PORCHES PAGE 116: Oval Provence dining table, Provence armchairs, Provence lounge chair, cushions in apple green, Smith & Hawken; 800 940 1170 or www.smithandhawken.com. Green Courtyard curtains, Anthropologie; 800-309 2500 or www.anthropologie.com. Green Pandan square chargers, Pier 1; 800-245 4595 or www.pier1.com. Palm

Leaf plates, Crate & Barrel; 800-967-6696 or www.crateandbarrel.com. White linen napkins, Williams-Sonoma; 877-812-6235 or www.williams-sonoma.com. Bistro glasses in green, Target; www.target.com. Veranda Blue Pillow, Milli Home; 212-613-8850 or www.millihome.com. Silverware, glass vases, paisley runner, homeowners' own. PAGE 117: White wicker side table and armchairs, homeowners' own. Plastic white wicker, Trees 'n' Trends; 270-443-5100 or www.treesntrends.com. Cushions for wicker made with Arbor OD fabric in Mist, Calico Corners; 800-213-6366 or www.calicocorners.com. Custom upholstery for seat cushions, Sew Fine Custom Interiors; 479-736-2802 or lisasewfine@yahoo.com. Throw pillows made from Cabana Stripe fabric, Smith & Hawken. Lamont throw pillows in orange peel, Haward pillows in ivory, Crate & Barrel. Jute rug with chenille borders, Pier 1. Matchstick roll-up blinds, Home Depot; www.homedepot.com. Coach lanterns, NY Botanical Gardens Online Store; 718-817-8073 or www.nybgshopinthegarden.com. Round nautical lantern, Pine Oars, Nautical Seasons; 866-888-2628 or www.nauticalseasons.com. Porcelain sea urchin votives, Sur La Table; 800-243-0852 or www.surlatable.com. PAGE 118: Provence sofa, Provence ottoman, Provence coffee table, Provence side table, Ravello floor lamps with natural shade, Smith & Hawken. Scroll indoor/outdoor rug in natural/blue, Ric-P pillow covers in green, Ballard Designs; 800-563-7551 or www.ballarddesigns.com. [illegible] Nautical outdoor floor lamp, Shady Lady; 800-313-1954. Sofa porch swing, Lloyd/Flanders All Weather Wicker; www.lloydflanders.com. Sea shell votives, carved bird stilt, wooden sail boat, Nautical Seasons. White café table and chairs, Ballard Designs. Thomas O'Brien chair pads, blue drinking glasses from the Shades Collection, Target. Ona pitcher, Crate & Barrel. White serving tray, orange runner, ceramic pots, homeowners' own. Porch staining and house painting, Chris Smith; 179-502-0788. Porch stain, Woodland, Sherwin Williams DeckScapes; 800-4-SHERWIN or www.sherwin-williams.com. House color, custom mix: trim color, Antique White; Sherwin Williams.

CRAFTS: MIRROR MIRROR PAGE 122
Assorted vitreous glass tiles, Weldbond glue, KPTiles; 248-853-0118 or www.kptiles.com. Unfinished rectangular mirror, Michaels; www.michaels.com. Grout, Mosaic Mercantile; www.mosaicmercantile.com. PAGE 124: Pink and green vitreous glass tiles, Mosaic Mercantile. Round mirror tile nippers, KPTiles.

SUPPER SALADS PAGE 217: (Grilled Veggie Garlic Bread Salad) Laguna napkin, flatware from Foster 5-pc. place setting; www.crateandbarrel.com. PAGE 218: (Shrimp Salad Niçoise) Bamboo salad servers; www.crateandbarrel.com. PAGE 220: (Turkey, Bacon and Pickled-Onion Spinach Salad) Cordova flatware; www.crateandbarrel.com. Blue Wonderful World buffet plate, Villeroy & Boch; www.eshop.villeroy-boch.com. PAGE 222: (Roasted Chicken Salad Tostada) Green Wonderful World square plate, blue Wonderful World rice bowl, blue Wonderful World square plate; Villeroy & Boch. Daisy Dishtowel, Crate & Barrel; 800-996-9960 or www.crateandbarrel.com. Flatware from Foster 5-pc. place setting; www.crateandbarrel.com. White Abra Cadabra square bowls; www.lekkerhome.com. PAGE 224: (Prosciutto, Asparagus and Roasted Beet Salad) Flatware from Emerge 5-pc. place setting; www.crateandbarrel.com.

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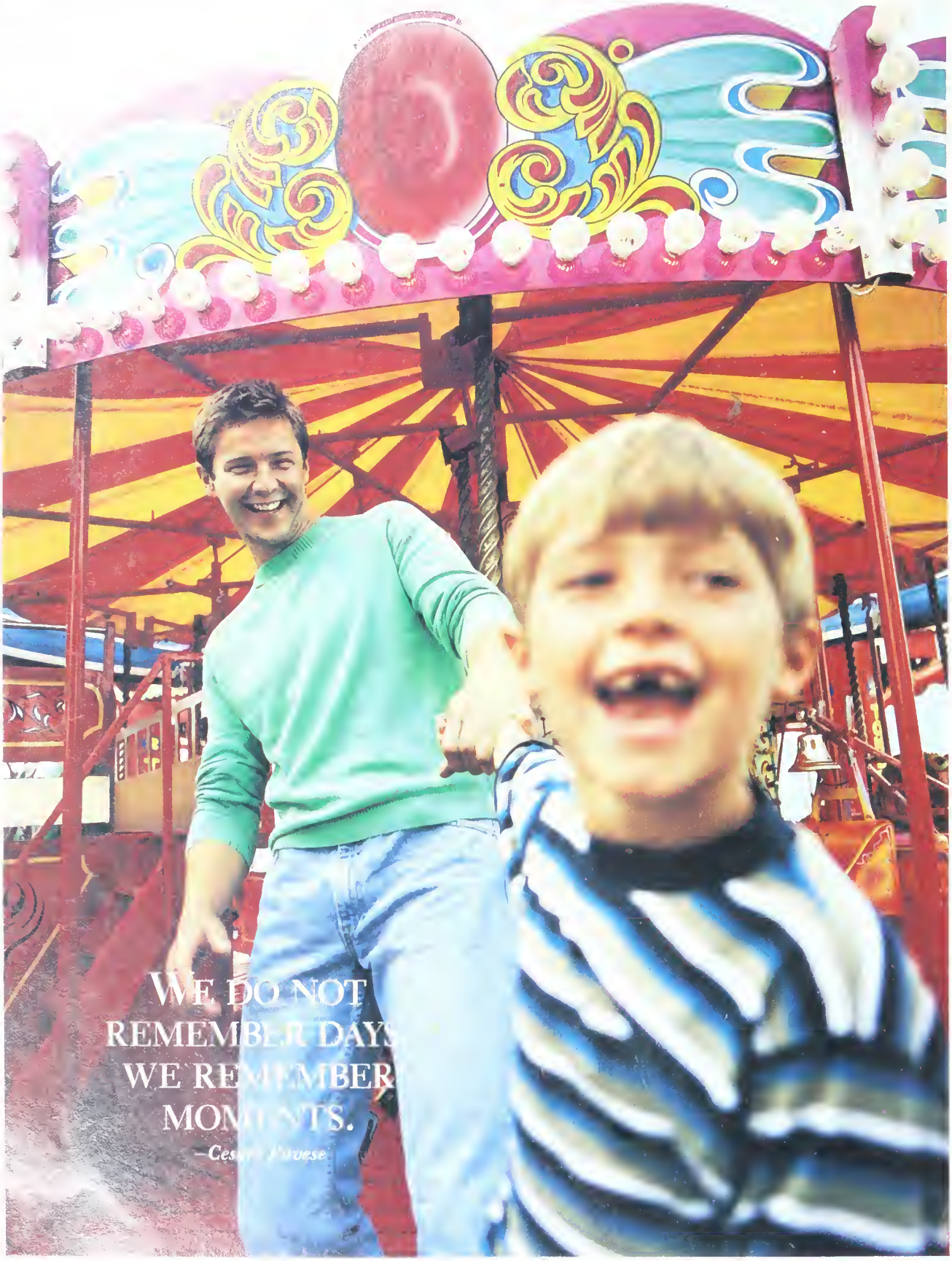
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